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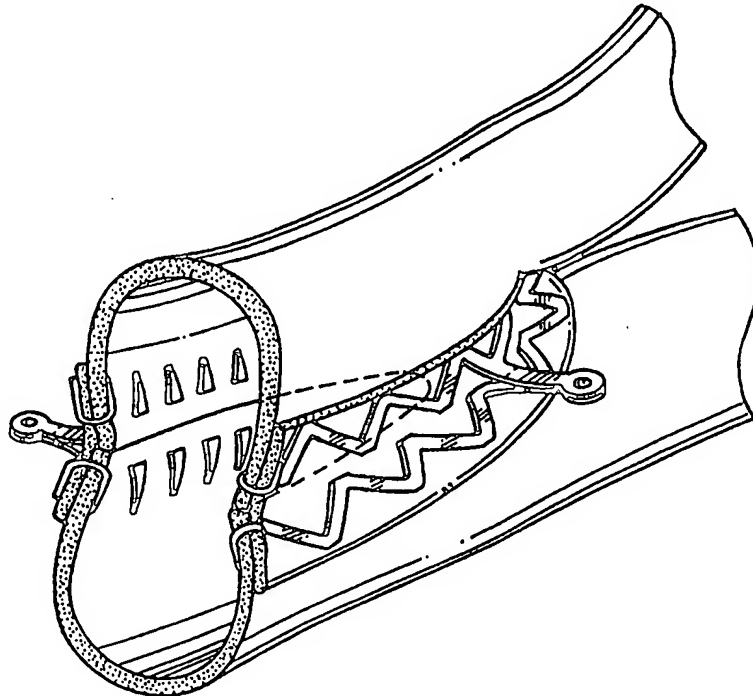


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(54) Title: MEANS AND METHOD FOR PERFORMING AN ANASTOMOSIS**(57) Abstract**

An anastomosis is performed using a mounting structure mounted on the outside of at least one vessel. The mounting structure includes a flexible mounting structure that is attached to the vessel by a special instrument. A graft vessel is attached to the mounting structure either directly or by means of another mounting structure attached to the graft vessel. Tools for attaching a mounting structure to a vessel are disclosed, and a tool for attaching two mounting structures together is also disclosed. Methods for carrying out the anastomosis according to the invention are also disclosed.



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MEANS AND METHOD FOR PERFORMING
AN ANASTOMOSIS

Technical Field of the Invention

5 The present invention relates to the general art
of surgery, and to the particular field of means and
methods associated with anastomoses.

Background of the Invention

10 In the United States, there are currently as
many as 300,000 coronary artery bypass graft (CABG)
procedures performed on patients annually. Each of
these procedures may include one or more graft
vessels which are hand sutured. Until recently,
coronary artery bypass procedures have been performed
with the patients on cardiopulmonary bypass whereby
15 the heart is stopped with cardioplegia and the
surgery is performed on an exposed, stationary heart.

20 The vast majority of CABG procedures performed
currently are accomplished by opening the chest wall
to gain access to the coronary vessels. Through the
use of heart lung bypass machines and a drug to
protect the heart muscle, the heart is stopped and
remains still during the procedure. In this setting,
the surgeon has ample time and access to the vessels
to manipulate hand suturing instruments such as
25 forceps, needle holders and retractors.

30 However, with increasing costs of hospital stays
and increased awareness by patients of other
minimally invasive surgical procedures, interest in
developing a minimally invasive CABG procedure is
increasing. Hospitals need to reduce costs of
procedures and patients would like less
post-operative pain and speedier recovery times.

 In the past, two significant developments in the
technology played a major role in advancing the whole

area of cardiac surgery. The heart-lung machine was invented in the 1950's but underwent significant improvement in design to become a reliable clinical device in the 1960's. The heart-lung machine allows
5 the surgeon to take the heart out of the blood circulation system to work on it in isolation.

The second major development was in myocardial protection. When the heart was isolated from the circulation, it was no longer perfused. After twenty
10 to thirty minutes of ischemia, irreparable damage occurred and no matter how good the repair, the heart function was frequently inadequate to allow the patient to survive. Cardioplegia, a solution which is generally cold and high in potassium, changed
15 everything. This development occurred in the 1970's. This allowed very satisfactory protection of the heart so the surgeon could perform an unhurried repair and still expect the heart to work afterward.

A secondary consequence of these developments
20 was the decline in interest in technology to facilitate heart surgery. When speed of the surgery was initially of utmost importance, all sorts of developments were proposed to speed surgery. Therefore, the art in the 1960's and 1970's contained
25 numerous examples of such devices.

Now with an increased incentive to reduce costs, there is a renewed interest in redesigning cardiothoracic procedures. A few pioneering surgeons are now performing minimally invasive procedures
30 whereby the coronary artery bypass is performed through a small incision in the chest wall. There are some surgeons that believe that the best way to perform a minimally invasive coronary artery bypass procedure is to perform the procedure on a beating
35 heart, i.e., without heart-lung bypass and cardioplegia. This minimizes the time it takes to

perform the procedure and reduces the cost of the operation by eliminating the heart lung bypass machine.

5 In the case of minimally invasive procedures on a beating heart, the surgeon starts by making a mini-thoracotomy between the fourth and fifth ribs and, sometimes, removing the sternal cartilage between the fourth or fifth rib and the sternum. The space
10 between the fourth and fifth ribs is then spread to gain access to the internal mammary artery (IMA) which is dissected from the wall of the chest. After dissection, it is used as the blood supply graft to the left anterior descending artery of the heart (LAD). Below the IMA lies the pericardium and the
15 heart. The pericardium is opened exposing the heart. At this point, the LAD may be dissected from the fissure of the heart and suspended up with soft ligatures to isolate the artery from the beating heart. Some companies are making a special retractor
20 to gently apply pressure to the heart muscle to damp the movement right at the LAD. A small arteriotomy is performed in the LAD and the graft IMA is sutured to the LAD.

Traditionally, to gain access to the cardiac
25 vessels to perform this procedure the sternum is sawn in half and the chest wall is separated. Although this procedure is well perfected the patient suffers intense pain and a long recovery.

Until recently all bypass graft procedures have
30 been performed by hand suturing the tiny vessels together with extremely fine sutures under magnification. The skills and instruments required to sew extremely thin fragile vessel walls together have been perfected over the last twenty years and
35 are well known to the surgical community that performs these procedures.

In the 'open chest' surgical setting, the surgeon has adequate access and vision of the surgical site to manipulate the anatomy and instruments.

5 The push for less invasive surgical approaches is fueling interest in many areas that were abandoned long ago- including that of coronary fastening and valve replacement. The inventors have thus identified a need for a device and a method to
10 perform CABG surgery on a beating heart.

 Some surgeons are attempting minimally invasive CABG procedures using femoral artery bypass access rather than opening the chest for bypass via the aorta. However, since use of cardioplegia requires
15 additional support and expense during the anastomosis procedure, the inventors believe that it is best to attempt to fasten the anastomosis while the heart is beating. However, this procedure when performed with a hand suturing technique is very imprecise due to
20 the translation of movement from the beating heart to the suspended artery. This may cause imprecise placement of the suture needles. Any imprecise placement of the sutures may cause a distortion of the anastomosis which may cause stenosis at this
25 junction. The sutures used for this procedure are extremely fine (0.001" in diameter) and are placed less than 1 mm apart.

 As one can imagine it is difficult enough to place suture needles the size of a small eyelash into
30 a vessel wall with placement accuracy of better than 1 mm. To accomplish this feat of precision on a moving target is extremely difficult. To make matters worse, the site is often bloody due to the fact that the heart has not been stopped.

35 Therefore, there is a need for a means and method which permits the forming of a precise

anastomosis without requiring the stopping of a beating heart. Still further, there is a need for performing such an anastomosis in a minimally invasive manner.

5 The current method of hand suturing is inadequate for the following reasons:

 On a beating heart it may be difficult to place the sutures with the position precision required. In a beating heart procedure the surgeon can attempt to
10 minimize the deleterious effects of the movement by using suspension or retraction techniques. However, it is impossible to isolate all movement of the vessel during an anastomosis procedure.

 Methods that attempt to stabilize and isolate
15 the artery from the movement of the beating heart can damage the vessel or cause myocardial injury (MI).

 In addition to the problem of placing sutures accurately one must make an incision through the artery wall to open the artery. This too is a
20 delicate procedure even on a still heart because the incision must be of a precise length. It is also critical to not penetrate the back wall or side wall of the vessel which will lead to complications. The placement of the initial incision is of paramount
25 importance. The surgeon must pick a suitable location free from calcium deposits, fat and side branches.

 Without cardioplegia, one must also provide blood flow to the heart muscle while the heart is
30 beating, therefore, after the initial arteriotomy, the surgical field is very bloody and obscured.

 Access to the heart vessels other than the LAD will be extremely difficult with minimally invasive hand suturing due to the anatomical location of the
35 posterior wall of the heart.

Although minimally invasive CABG procedures are taking place now with sutured anastomosis they require superlative skills and are therefore not widely practiced.

5 One of the most vexing problems is that of adequate access. The procedure takes place through an access site created between two ribs. The ribs cannot be spread too far without risk of breaking and the heart lies deep within the chest. The access is
10 through a small, long, dark tunnel. The surgeon must then manipulate his tools down this tunnel without obscuring his vision.

 If special tools are constructed to allow the surgeon to be able to hold suture needles on the end
15 of a long instrument, the added length of the tool only amplifies any inaccurate manipulation. The same holds true for any special suturing devices contemplated.

 If the sutures are not placed correctly in the vessel walls, bunching or leaks will occur. In the
20 minimally invasive procedure this is disastrous, usually resulting in the conversion to an open chest procedure to correct the mistake. Any rough handling of the vessel walls is detrimental as inflammation
25 can cause further postoperative complications.

 The anastomosis must seal leak tight to prevent exsanguination. Therefore, any improvement over
 sutures must provide a leak free seal in a very confined space, yet should provide proper flow areas
30 in the vessel after healing is complete.

 As is apparent from the above discussion, it is necessary to find a way to control the beating heart movement of the vessel while performing the
 anastomosis in such a way that still allows for exact
35 placement of the fastening means.

While the art contains disclosures of several devices that are used to join blood vessels, these devices are primarily directed to an end-to-end anastomosis, which is inadequate for CABG procedures. Furthermore, the techniques disclosed in the prior art often require the vessels to be severely deformed during the procedure. The deformation may be required to fit the vessels together or to fit a vessel to an anchoring device. One cannot just slit the tissue and pull it through a ring to anchor it on a flange. Pulling or stretching the vessel walls produces a very unpleasant and unexpected result. Vessel walls are made of tissue fibers that run in the radial direction in one layer and the longitudinal direction in another layer. In addition the elasticity of the tissue fibers in the longitudinal direction is greater than those that run radially. Therefore, the tissue will not stretch as easily in the radial or circumferential direction and results in a narrowing or restriction when pulled or stretched in the prior art devices. Vessel walls also have a layer of smooth muscle cells that can spasm if treated harshly. Such manhandling will result in restrictions and stenotic junctions because the vessel walls will react poorly to being treated in such a rough manner and the stretching of the vessel wall will telegraph up the vessel wall due to the high radial stiffness of the vessel structure, causing restrictions and spasms in the vessel wall. The prior art fails to teach that the vessels are living tissue and must not be made to conform to rigid fitting-like shapes. Therefore, there is a need for an anastomotic technique that permits handling of blood vessels in a manner that is not likely to cause those blood vessels to react poorly.

Additionally, prior art systems fail to teach methods of ensuring hemostasis so as not to have leakage under pressure. It is noted that mechanical devices used to join blood vessels are extremely
5 difficult to seal. No attempt has been made in the prior art to include a hemostatic medium in conjunction with an anastomotic device. Prior art devices are directed to accomplishing hemostasis through excessive clamping forces between clamping
10 surfaces or stretching over over-sized fittings.

In order to effect good healing, healthy vessel walls must be brought into intimate approximation. This intimate approximation is now accomplished by the skilled hands of a surgeon with sutures. A
15 vascular surgeon is taught how to suture by bringing the vessel edges together with just the right knot tightness. Too loose and the wound will leak and have trouble healing causing excessive scar tissue to form. Too tight will tear through the delicate
20 tissue at the suture hole causing leaks. The key is to bring the edges together with just the right amount of intimate approximation without excessive compression.

It must be further noted that the junctions
25 taught in the prior art are not anatomically correct both for blood flow and for healing. A well made anastomotic junction is not made in a single plane and should accurately follow blood vessel geometry. The junction is more of a saddle shape, and the cross
30 section is not necessarily a circle. The junction where the vessel units join is not a constant cross section angle, but an angle that varies continuously throughout with respect to any linear reference. In addition, the length of the junction should be many
35 times the width of the opening in order to assure a low blood flow pressure gradient in the junction and

to assure a proper flow area. In fact, the best results are obtained if the confluence area is actually oversized. The prior art junctions do not account for such flow characteristics and parameters and are thus deficient. Therefore, there is a need for an anastomotic technique which can establish proper flow characteristics and parameters and that accurately preserves blood vessel geometry, specifically the plural planar nature in which the junction occurs. Furthermore, most anastomoses are made between vessels that are not similar in size. It is therefore necessary to provide a means and method which allow for the accommodation and joining of dissimilarly sized vessels.

In addition, the inventors have found through post surgical follow-up that the supply vessels grow in diameter to accommodate their new role in providing oxygenated blood to the heart; therefore, there is a need to provide an oversized junction to accommodate any increase in the dimension of the graft vessel size. With a rigid ring that is a singular circular cross section of the graft, the fitting does not allow the vessel to provide this increase in flow as the vessels expand to meet the needs of the heart muscle. Still further, the inside lining of the vessel walls (intima) should make contact with each other to have proper healing. The walls of the vessels must come together with just the right amount of approximation to promote good healing. If the incised edges are too far apart scarring will occur causing restrictions. The walls cannot be compressed between two hard surfaces which will damage the vessels. The prior art teaches plumbing-like fittings clamped onto vascular structures. However, clamping and compressing the vessel walls too tightly will cause necrosis of the

vessel between the clamps. If necrosis occurs the dead tissue will become weak and most likely cause a failure of the joint. Still further such rings and tubes used to clamp vessels together do not follow
5 the correct anatomical contours to create an unrestricted anastomosis. Failing to account for the way healing of this type of junction occurs, and not accounting for the actual situation may cause a poor result. A suture technique has the advantage of
10 having the surgeon making on-the-fly decisions to add an extra suture if needed to stop a leak in the anastomosis. In a mechanical minimally invasive system it will not be possible to put an 'extra suture throw' in so the system must provide a way to
15 assure complete hemostasis. Being a mechanical system the approximation will not be 100% perfect. And since the design errs on the side of not over-compressing the tissue there may be very small areas that may present a leak between the edges of
20 the vessel walls. Accordingly healing with prior art techniques using mechanical joining means is not as efficient as it could be. Therefore, there is a need for an anastomotic technique that accounts for the way healing actually occurs and provides proper
25 structural support during the healing process.

When vascular integrity is interrupted the body quickly reacts to reestablish hemostasis. Circulating blood platelets are quickly mobilized to the injury site and initiate and support the
30 coagulation sequence that leads to the formation of a fibrin plug at the site of injury. Large breaks in vessel walls which are under pressure cannot be effectively sealed by platelets and fibrin without a substrate to collect on. It is critical that the
35 junction of an anastomosis bring two healthy vessel surfaces in close approximation to provide an optimal

region for vessel repair and healing, minimizing the distance between healthy endothelial cells on either side of the junction. This allows for the natural control processes which prevent platelet aggregation from extending beyond the area of injury. A more detailed description of the clot limiting process and the healing process can be found in various reference texts, such as "Coagulation: The Essentials", by Fischbach, David P and Fogdall, Richard P, published by Williams and Wilkins of Baltimore in 1981, the disclosure of Chapter 1 thereof being is incorporated herein by reference.

Still further, some vessels are located or sized in a manner that makes placing elements thereon difficult. In such a case, the fewer elements used to perform an anastomosis the better. Therefore, there is a need for a means and a method for performing an anastomosis that can be effected without the need of a hemostatic medium.

Many time when a CABG operation is undertaken, the patient has multiple clogged arteries. At the present time, the average number of grafts is 3.5 per operation. When multiple grafts are performed, there is sometimes the opportunity to use an existing or newly added supply vessel or conduit for more than one bypass graft. This is known as a jump graft, whereby the conduit, at the distal end thereof is terminated in a side-to-side anastomosis first, with an additional length of conduit left beyond the first junction. Then, an end of the conduit is terminated in an end-to-end junction. This saves time and resources and may be necessary if only short sections or a limited amount of host graft material is available.

At the present time, existing means and methods of performing an anastomosis do not permit the

formation of multiple anastomotic sites on a single graft vessel such at both proximal and distal ends. Thus a surgeon will have to use multiple tools to perform multiple anastomoses. This will be either impossible or very expensive.

Therefore, there is a need for a means and a method for performing an anastomosis which will lend itself to efficient and cost-effective multiple by-pass techniques.

Therefore, there is also a need for a means and a method for performing an anastomosis which will lend itself to efficient and cost-effective jump graft techniques.

As discussed above, performing a sutured anastomosis in a minimally invasive manner while the patient's heart is beating requires an extremely high degree of dexterity. Any instrument used in such a procedure must therefore be as easy and efficient to use as possible whereby a surgeon can focus most of his attention on the anastomosis site. The instrument should thus reflect the above-discussed needs as well.

Still further, any instrument used in such a procedure must be amenable to efficient manufacture.

Objects of the Invention

It is a main object of the present invention to provide a means and method of performing an anastomosis without stopping the patient's heart.

It is also an object of the present invention to provide an instrument which can be used to efficiently, accurately and effectively form a proper anatomically correct anastomosis.

It is another object of the present invention to provide an instrument which can be used to

efficiently, accurately and effectively form a proper anastomosis without stopping the patient's heart.

5 It is another object of the present invention to provide a means and method of performing an anastomosis without stopping the patient's heart in a minimally invasive manner.

10 It is another object of the present invention to provide a means and method of performing an anastomosis without stopping the patient's heart in a minimally invasive manner in which the blood vessels are joined together in such a way as to most efficiently promote healing.

15 It is another object of the present invention to provide a means and method of performing an anastomosis without stopping the patient's heart in a minimally invasive manner in which the blood vessels are joined together without squeezing, compressing or otherwise manhandling them.

20 It is another object of the present invention to provide a method and means to stabilize a vessel while performing an anastomotic procedure.

25 It is another object of the present invention to provide a means and method of performing an anastomosis without stopping the patient's heart in a minimally invasive manner in which the blood vessels are joined together to form a confluence area that accurately accounts for flow characteristics and flow parameters.

30 It is another object of the present invention to provide a means and method of performing an anastomosis without stopping the patient's heart in a minimally invasive manner in which blood vessels can be joined together in a side-to-side configuration.

35 It is another object of the present invention to provide a means and method of performing an anastomosis without stopping the patient's heart in a

minimally invasive manner in which blood vessels can be joined together in an end-to-side configuration.

5 It is another object of the present invention to provide a means and method of performing an anastomosis without stopping the patient's heart in a minimally invasive manner in which blood vessels can be joined together to form a junction that is anatomically correct and accurately reflects blood vessel geometry at the junction.

10 It is another object of the present invention to reduce tissue inflammation and necrosis due to mishandling and over compression.

15 It is another object of the present invention to provide a means to hold the edges of the vessel walls in close approximation to promote healing with a minimum of scarring.

It is another object of the present invention to provide an anastomotic stapling device that provides blood flow to the heart while making the anastomosis.

20 It is another object of the invention to provide an anastomotic stapling device that obviates bunching of the tissue due to imprecise placement of fasteners.

25 It is another object of the invention to provide an anastomotic device that is amenable to efficient manufacture.

It is another object of the present invention to provide an anastomotic means and method which can join dissimilarly sized vessels.

30 It is another object of the present invention to provide an anastomotic means and method which will accommodate joining vessel walls at a junction angle that varies with respect to a reference line.

35 It is another object of the present invention to provide an anastomotic means and method that has a living hinge at a junction site.

It is another object of the present invention to provide an anastomotic means and method which can effect a junction without a hemostatic medium.

5 It is another object of the present invention to provide an anastomotic means and method which can be used in proximal junctions and in multiple anastomotic sites on the same vessel.

10 It is another object of the present invention to provide an anastomotic means and method which can be used in a means and a method for performing an anastomosis which will lend itself to efficient and cost-effective multiple by-pass techniques.

15 It is another object of the present invention to provide an anastomotic means and method which can be used in a means and a method for performing an anastomosis which will lend itself to efficient and cost-effective jump graft techniques.

20 It is another object of the present invention to provide an anastomotic means and method which is especially well suited for all types of blood vessel anastomosis procedures and techniques, such as, but not limited to, proximal, side-to-side, end-to-side, jump grafts as well as others that will occur to those skilled in the art based on the teaching of the
25 present disclosure.

Summary of the Invention

When a patient shows symptoms of cardiac insufficiency which are not severe enough to warrant surgical intervention, the cardiologist is called on
30 to clean out or open up the clogged arteries. One way to open the artery is to install an internal stent such as disclosed in US Patent Number 5,425,739. This stent is a prop that is most often configured like a cylindrical cage. The stent is
35 delivered to the site over a balloon catheter. When

in place, the catheter is inflated, expanding the stent which in turn holds or props open the narrowed artery. Since the stent is made of a material that has no material memory, it will retain the shape
5 determined by the inflation of the balloon. The balloon is removed from the artery and the stent stays inside the artery. Such memoryless material is suitable for use for a bridge and for the stiffening framework discussed above.

10 The present invention uses a similar concept, however, the "stent" is external to the blood vessel wall. It has the similar function of holding the vessels open, but is also used as the means for joining the vessels. The external "stent" is the
15 cuff discussed above.

The above-mentioned objects, as well as additional objects as will occur to one skilled in the art based on the teaching of the present disclosure, are achieved by a minimally invasive
20 means and method for forming a precise and anatomically accurate anastomosis on a patient without requiring the patient's heart to be stopped using an instrument that precisely places fasteners on the outside surface of a blood vessel in a
25 position to cause the anastomosis to have a proper flow area and to accurately reflect the geometry of the junction and which positions the inside edges of the incised blood vessels in abutting contact with each other whereby proper healing is promoted. The
30 means and method of the present invention also provide the ability to create an oversized junction which will accommodate future anticipated growth of the vessels. The means and method of the present invention accomplish this without requiring the
35 mishandling of the blood vessels, and can be used for side-to-side anastomoses as well as end-to-end

anastomoses. The device is also amenable to efficient manufacture.

5 In addition, these objects are accomplished by providing a flexible hemostatic medium to hold a malleable stiffening framework. The hemostatic media can be absorbable material or a fabric material that allows tissue ingrowth. The medium provides a supportive surface at the edges of the anastomosis for the natural vessel repair process.

10 Therefore, to address the need of hemostasis, the inventors have included a cuff material which can be made from a variety of materials to allow the anastomosis to perform in a leak free manner with the proper substrate for healing to occur. It is also
15 anticipated that through more development, a special coating such as collagen coatings could be incorporated into the hemostatic medium to encourage tissue ingrowth, and to discourage excessive thrombosis. Such coatings and treatments will occur
20 to those skilled in the art based on the teaching of the present disclosure. It is further anticipated that research will suggest that these media may be absorbable or made from non-woven fabrics, or combinations of both.

25 It is therefore shown that the use of a hemostatic medium is a novel approach to providing a complete minimally invasive anastomotic device which does not use excessive clamping forces.

30 Although a hemostatic material is shown in the preferred embodiment as a woven synthetic cuff, those skilled in the art will be taught by this disclosure to substitute other materials without departing from the scope of the present invention. The term "cuff" can be used to describe a form of hemostatic medium
35 but is not meant to be limiting.

The means and method places one or more configurations of hemostatic medium on the outside surface of blood vessels being joined with the inner edges of the media spaced from the edges of an incision made in the blood vessel at a distance so no evagination of the vessel occurs and no gapping occurs during the healing process. Each cuff is flexible and can be shaped to match the blood vessel at the junction site. When the cuff or cuffs are closed, the blood vessels are drawn together in a manner which places the inside edge of each of the blood vessels adjacent to the incisions in abutting contact with each other whereby proper healing can occur without unduly contorting the blood vessels. The cuff, or cuffs, have a means which permit each cuff to be shaped and to retain the set shape whereby the cuff accurately matches the blood vessel shape and the junction can be shaped to establish the most efficient flow conditions.

The present invention can be used to provide an oversized confluence area so the change in size of the blood vessel to provide oxygenated flow to the heart can be accommodated. This is done by providing a fastener that allows for an oversized length junction and the ability to size and shape the junction after the two vessels are attached to assure a wide cross-sectional opening between the vessels. Mechanical fasteners or sutures can be used to mount the cuff on the blood vessels. The procedure can be performed while permitting virtually uninterrupted blood flow.

The instrument used to attach the cuffs to the blood vessels includes a main body which is adapted to accommodate anvils for both graft vessels and arteries. The device includes a cuff engaging means for engaging a cuff to attach the cuff to the blood

vessel and to adjust the shape of the cuff to accurately reflect the shape of the junction. A linkage connects the cuff engaging means to an operating element so a surgeon can easily operate the device. One of the anvils is received in a graft vessel and the other anvil is received in the artery to which the graft vessel is to be attached. The artery accommodated anvil includes a blood passage defining portion so blood can continue to flow through the artery during the procedure. Furthermore, the instrument stabilizes the vessel from the beating heart. The artery accommodated anvil is actually larger than the incision in the artery and is "button holed" into the artery via the incision. Once in place in the artery the surgeon can pull up on the vessel at the incision thereby moving the work area in conjunction with the vessel and isolating the work surface from the beating heart. This makes the cuff fastening accurate and precise. Also, it assures that the tool and the vessel are moving together to isolate the beating heart movement from the tool.

The device engages the cuff and not the blood vessel so shaping and movement occurs while applying only minimal and gentle pressure to the blood vessels. This permits the junction to be properly and fully customized without mishandling the blood vessels. The instrument also has guides for forming the fasteners or staples.

As can be understood from the foregoing, and as one skilled in the art will be able to understand from the teaching of the present disclosure, the means and method of the present invention can be applied to multiple grafts and to jump grafts thereby making such techniques possible and cost effective.

While the means and method embodied in the present invention is especially suited for beating heart surgery, it may also be utilized for minimally invasive procedures that use cardioplegia as well as standard "open chest" procedures due to its novel time saving and precision features.

Brief Description of the Drawing Figures

Figure 1 is a schematic showing a heart.

Figure 2 illustrates a prior art method of locating an incision in an artery for performing an anastomosis.

Figures 3, 4, 5A, 5B, and 6-9 illustrate prior art means and methods of performing an anastomosis.

Figure 10 illustrates the principle of the present invention in which an anastomosis includes a hemostatic medium located in such a manner that clots will form externally of the blood vessel.

Figure 11 is a side view of a cuff which is included in the means for performing an anastomosis according to the present invention.

Figure 11A is a sectional view taken along section line A-A of Figure 11.

Figure 12 is an sectional view of the cuff taken along line B-B of Figure 11A.

Figures 13A-13F show alternative forms of a cuff.

Figure 14 is an exploded view showing a single cuff form of the invention prior to joining a graft and an artery.

Figure 15 is a cut away view showing the single cuff form after the graft has been joined to the artery.

Figure 16 is an elevational cross sectional view of the single cuff form of the invention joining a graft to an artery.

Figure 17 is a perspective view of an anastomosis formed using the single cuff form of the invention in a side-to-side configuration, those skilled in the art being able to understand what an end-to-side configuration will look like based on the teaching of the present disclosure.

Figure 18A shows a single cuff form of the invention just prior to drawing the ends of the two blood vessels together.

Figure 18B shows the single cuff form of the invention after the ends of the blood vessels have been drawn together.

Figure 19 is an exploded perspective view of one form of the invention in which two cuffs are used to join an artery with a graft.

Figure 20 is a perspective view of a section of the joined artery and graft using two cuffs.

Figure 21 is an elevational cross sectional view of the two cuff form of the invention in situ.

Figure 22 is a perspective view of the two cuff form of the invention in an anastomosis which joins a graft to an artery in an end-to-side configuration.

Figure 23 is a perspective view of the two cuff form of the invention in an anastomosis which joins a graft to an artery in a side-to-side configuration, with the graft being tied off by a suture.

Figure 24 is an elevational view of another form of the two cuff form of the invention showing how the two cuffs are held together whereby the graft and the artery are pulled together in healing abutment.

Figure 25 is an exploded perspective view of a tool used in performing the anastomosis according to the present invention.

Figure 25A is an exploded perspective view of a tool used in performing the anastomosis according to the present invention, with a cuff in place.

Figure 26 is a perspective view indicating the tool in use in placing a cuff on an artery.

Figure 27 is an elevational view of a tool in place in an artery just prior to setting a cuff on the artery.

Figure 28 is an elevational view of a tool in place after a cuff has been set onto an artery and just prior to removing an anvil of the tool from the artery.

Figure 29 is an elevational view of a tool with an anvil in place in a graft for placement of a single cuff form of the invention.

Figure 30 shows a graft vessel prepared to receive a cuff.

Figure 31 shows a tool holding a cuff prior to placing the cuff on the graft vessel shown in Figure 30.

Figure 32 shows a tool used to cinch a cuff to a graft vessel that has been located in a cuff.

Figure 33 shows a graft vessel located in a cuff prior to being cinched to that cuff by the tool shown in Figure 32.

Figure 34 shows the tool just prior to setting the means for attaching the cuff to the graft vessel.

Figure 35 shows an alternative form of a tool for applying a cuff to a graft vessel.

Figures 36A-36D show the steps used in applying a cuff to a graft vessel using the tool shown in Figure 35.

Figure 37 shows a tool applying the means for holding the cuff to the vessel in which the means is such that the vessel will not be damaged.

Figure 38 shows a tool used to join two cuffs together.

Figure 39 shows the tool used to join two cuffs together docked to one cuff and prior to joining that cuff to another cuff.

5 Figure 40 shows the tool docked to one cuff and joining that cuff to another cuff.

Figure 41 is a flow chart for the method of performing an anastomosis for a single cuff form of the invention with the vessels being joined in a side-to-side configuration.

10 Figure 42A is a flow chart for the method of performing an anastomosis for a double cuff form of the invention with the vessels being joined in a side-to-side configuration.

15 Figure 42B is a flow chart for the method of performing an anastomosis for a double cuff form of the invention with the vessels being joined in an end-to-side configuration.

Figure 43 shows a single cuff form of the invention which has omitted the hemostatic medium.

20 Figure 44 shows the continuously varying nature of the junction angle.

Figure 45 shows the double cuff form of the invention which has omitted the hemostatic medium.

25 Figure 46 shows how the means and method of the present invention can be applied to a multiple graft technique.

Detailed Description of the Preferred Embodiment of the Invention

Locating and performing the arteriotomy

30 By way of orientation, Figures 1 and 2 indicate the locating and performing of an arteriotomy. As is well understood to those skilled in the art, locating the position of an anastomosis is extremely important and extremely delicate. The location must be
35 selected with extreme accuracy and precision. This

is especially so since the blood vessels are often extremely small. This is indicated in Figures 1 and 2 where the location of a restriction is indicated as R and an arteriotomy is indicated at I in Figure 2.

5 The arteriotomy must be made in a proper location with respect to the restriction R or the surgery will not be as effective as it could be. Furthermore, an anastomosis must be performed accurately and effectively to be successful. The present invention
10 discloses and teaches a means and a method of performing such an anastomosis.

Prior Art

Shown in Figure 3 is an anastomosis involving a artery 10 and a graft 12 that is performed according
15 to the prior art. That is, an incision 14 is defined in artery 10 and a corresponding incision 16 is defined in graft 12. Sutures 18 and 20 are set near the ends (heel and toe) of the incisions. Additional sutures are set as indicated in Figure 4 by reference
20 numerals 1-9 and 1'-9'. Sutures are indicated at 22 and 24. Once the sutures are set, the graft and the artery are drawn together as indicated in Figures 5A and 5B.

Ideally, the inside edges of the graft and the
25 artery adjacent to the incisions are placed into abutting contact with each other to promote proper healing. The inside edge of the graft vessel is indicated in Figure 5A at 26 and the inside edge of the artery is indicated at 26' in that same figure.
30 As can be seen in Figure 5B, the ideal situation has inside edge 26 in abutting contact with inside edge 26' of the artery. However, as discussed above, this is not always the case. While most surgeons are extremely skillful and dexterous, hand suturing is
35 susceptible to errors and imprecision, especially when the graft and/or artery is extremely small. In

the case of a minimally invasive surgery, this precise placement may be nearly impossible.

As discussed above, some prior art anastomosis techniques have used a ring to join two vessels together. This technique is indicated in Figures 6-9 where ring 30 is placed between two end-to-end vessels in Figure 6 and rings 30' and 30'' are used with two end-to-side joined vessels in Figure 7. The rings serve as the means for holding the joined vessels together. However, the rings have several drawbacks, including evaginating the vessels, restricting the vessels so growth due to higher blood flow is restricted, and stretching the vessel which causes flattening of the vessel as indicated at portion 32 in Figure 8. As discussed above, the use of rings suggests that an anastomosis is being viewed as a plumbing connection between two conduits. As was also discussed above, this is simply not the case with actual blood vessels. As discussed above, if too much clamping is applied to the vessels, necrosis may occur. Unhealthy tissue may cause scarring and in fact may fail to heal. This situation is illustrated in Figure 9.

Therefore, the present invention is intended to permit the performance of an anastomosis in a minimally invasive manner yet to perform the procedure in an accurate manner and in a manner that promotes proper healing. The most effective healing will occur when the hemostatic medium is located on the outside of the blood vessel so any clots will form on the outside of the vessel. This basic concept is illustrated in Figure 10 which shows an anastomotic device AD comprising a hemostatic medium HM having a stent which includes means FM for fastening the stent to the vessel and which is located on the outside of one blood vessel B1 which

is to be joined to another blood vessel B2 and for bringing vessel walls, and the endothelial lining E1, of the one blood vessel into intimate approximation with other vessel walls, represented by endothelial lining E2, of the other blood vessel whereby fibrin clot FC is formed in the proper location to effect a successful procedure. Still further, excessive clamping is avoided in the present invention by obviating the need for clamps, such as are commonly used in prior art techniques.

Cuff

There are two forms of the invention, a single cuff form (see Figures 11-18B) and a single cuff form (see Figures 19-24). In the interest of brevity, this mounting element will be referred to as a cuff. However, no limitation is intended by this shorthand reference.

The single cuff form of the invention has the cuff mounted on the artery and the graft blood vessel with the vessels being brought into contact with the vessel attaching elements of the cuff to attach the two vessels together. It is here noted that for the sake of brevity, the discussion will be directed to blood vessels; however, those skilled in the art will be able to understand that the teaching can be applied to vessels of any sort that occur in a patient. Accordingly, no limitation is intended by the reference to a "blood" vessel. The double cuff form of the invention has one cuff attached to the graft and a separate cuff attached to the artery. These cuffs are then attached to each other to effect the connection. The single cuff form of the invention has a single cuff attached to both the graft blood vessel and to the artery, with the single cuff attaching the two blood vessels together to effect the connection. The double cuff form of the

invention has each cuff individually mounted on a blood vessel by an instrument, and the two cuffed vessels brought together with the cuffs then coupled together.

5 Shown in Figures 11, 11A and 12 is a single cuff 40 embodying the present invention. The cuff is applied to a blood vessel and will couple that vessel to another vessel or to another cuff. The cuff can be applied to a blood vessel by an instrument while
10 blood still flows through the vessel by using a stabilizing cuff application tool with a flow-through anvil. This enables anastomotic surgery to be performed without stopping the heart so the procedure can be carried out in a minimally invasive manner.
15 The cuff also permits proper shaping of the junction without mishandling the blood vessels and places the two vessels in an orientation that promotes efficient healing.

 Specifically, cuff 40 includes an oval shaped
20 flexible body 42 having a long axis 44 and a short axis 46 with an oval shaped opening 48 defined therein by the cuff body central section 49. The preferred form of body 42 is a woven fabric suitable for use in surgery. A stiffening framework 50 of a
25 retention means, such as a malleable material, is integrated into body 42 for retaining the cuff in a selected shape on a blood vessel. The preferred form of the retention means is sinuous and includes a plurality of malleable sections, such as section 52.
30 In the present context, this element will be referred to as a retention means. However, as will occur to those skilled in the art based on the teaching of the present disclosure, depending on the context of the discussion, this element can also be referred to as a
35 "stent" or a "stiffening band." One form of the material is a wire that is suitable for use in the

surgical environment associated with this invention. The retention means has little material memory in that once deformed from one shape into another, it will not move back into the first shape from the second. A second potential form for the retainer means is shaped from flat stock which is processed using precise methods such as wire EDM or photo etching. Shaping the cuff is therefore efficiently carried out by deforming it into the desired shape after it is mounted on a blood vessel. The retention means will maintain the cuff in the shaped condition. Sections of the stiffening framework may be separate from other sections, such as quartered sections or the like.

Each malleable section has an apex, such as apex 54, with a cuff retaining pin, such as pin 56, thereon. Cuff retaining pins 56 attach the stiffening framework 50 to the cuff, and anchor means 58 attach base 60 of each section 52 to body 42 to securely anchor the stiffening framework to body 42. However, many cuff pins may be used to secure the cuff frame to the cuff.

Tissue retention pins 62 are attached at a proximal end 64 thereof to the body 42 and have a distal end 66 which engages a blood vessel to anchor the cuff to that blood vessel in the manner of a surgical staple. The instrument discussed below is used to force the retention pin into the blood vessel tissue to anchor the cuff to the blood vessel.

Means for shaping the cuff once it is anchored on the blood vessel includes docking extensions, such as docking extensions 70 having a proximal end 72 unitary with a base of a malleable section of the stiffening framework and a distal end 74 spaced from the outer perimeter 76 of the cuff body 42. An eyelet 78 is located on distal end 74 having a

central hole 80 defined therein to engage a corresponding element on the instrument used to place the cuff. The means for shaping the cuff also includes a plurality of second docking extensions 82 having proximal ends 84 integral with alternate apexes of the stiffening framework 50 and a distal end 86 having an eyelet 88 with a central hole 90 for releasable connection to a corresponding element on the instrument used to place the cuff.

As will be discussed below, the docking extensions are engaged with the instrument, and once the cuff is anchored to a blood vessel, the instrument can be manipulated by the surgeon to shape opening 48 to the desired size and shape. Once the desired size and shape have been established, the cuff and framework is released from the instrument.

As can be seen in Figure 11, the cuff has an hour glass shape in elevation, with body 42 having a first end section 92 and a second end section 94 of roughly the same outer dimension, with central section 49 having an outer dimension of less than those outer dimensions to define a waist section. Other forms of the single cuff are illustrated in Figures 13A-13F.

Use of the single cuff form of the invention is illustrated in Figures 14-18B. The tool for effecting the placement of the cuff and the coupling of the two vessels will be discussed below in connection with Figures 25 et seq. For present purposes, the results will be shown and discussed. As shown in Figure 14, after the graft vessel G and the artery A have been prepared, the cuff is placed on the artery A. The graft vessel is then moved into proximity of the cuff as shown in Figure 14 and joined to the cuff as shown in Figures 15 and 16.

As can be seen by comparing Figures 18A and 18B, once the cuffs are attached to the blood vessels, the blood vessels are brought together to form the desired connection, and then are shaped so the
5 desired amount of abutting contact is formed between the two adjacent inside blood vessel edges. To effect the desired amount of abutting contact between the inside edges of the blood vessels, the single cuff form of the invention can include a means, such
10 as bridge means 110 shown in Figures 18A and 18B to draw the adjacent blood vessel inside edges 26 and 26' together into abutting contact from the spaced positioning of these two edges shown in Figure 18A to the abutting contact shown in Figure 18B. Bridge
15 means 110 includes a malleable wire 112 or extensions 70, 82, etc. that has essentially no material memory similar to that situation discussed above with regard to the stiffening framework 50. Thus, when bridge wire 112 is deformed from the Figure 18A
20 configuration to the Figure 18B configuration, it will retain the Figure 18B configuration thereby placing the inside edges 26 and 26' in abutting contact with each other. Deformation of wire 112 can be effected with a proper tool. The bridge can also
25 be formed from shaping pins resistance welded together.

It can also be understood from this disclosure that as the edges of the vessels are brought into intimate contact, there is a defined junction angle
30 noted by JA in Figure 18B. This angle varies continuously with respect to a linear reference, such as the longitudinal centerline of the vessels at the junction, as a unit vector associated with the angle follows around the periphery at the anastomotic
35 junction. The means and method of the present invention permits this variation in angle. This

variation in junction angle effects a properly shaped anastomosis for dissimilarly sized vessels. This angle will also vary at the heel and the toe depending on the appropriate angle of the graft vessel, as shown in Figure 44 at JA', JA'' respectively.

By way of reference, a single cuff side-to-side anastomosis is shown in Figure 17.

The double cuff form of the invention is illustrated in Figures 19-24. As can be seen (see, e.g., Figure 21), one cuff 40' is attached to a graft blood vessel G, and a second cuff 40'' is attached to the artery A. As can be seen in Figure 19, there is a spacing between the fastening means attaching the cuff to the vessel and the edge of the artery. This spacing is selected so the loose edge of the vessel can still be controlled, but the fastening means is not located too close to the edge of the vessel. Bringing the cuffs together in this manner does not mishandle the blood vessels and promotes efficient healing of the junction. A spacing of 1/2 mm to 1 mm is shown in Figure 19. However, this spacing is disclosed for the sake of completeness and is not to be taken as limiting.

Means for joining one cuff to the other in the double cuff form of the invention includes one unit 98 fixed to the graft (cuff) blood vessel G and one unit 99 fixed to the artery (cuff) A. As shown in Figure 19, a female element 100 is fixed to cuff 40' and a corresponding male element 102 is fixed to cuff 40''. Female element 100 includes an eyelet 104 that has an opening sized and shaped to snugly receive male element 106 mounted on element 102 to establish a friction fit between elements 100 and 102 that securely couples the two cuffs together. The preferred form of the cuff joining means includes

four male elements and four female elements on each base 98 and 99, each being located on opposite sides of the cuffs as is shown in Figures 22 and 23. Each cuff has two male elements and two female elements with the male elements on each base whereby a secure attachment is effected.

As can be understood by those skilled in the art by comparing Figures 21 and 16, the double cuff form of the invention uses two cuffs, such as 40' and 40'', to attach two blood vessels together, whereas, the single cuff form of the invention uses a single cuff 40''' to attach two blood vessels together. The double cuff form of the invention has two similar cuffs attached together by a coupling means. The single cuff form of the invention has a single cuff with the two ends thereof identical each having a stiffening framework therein and each having tissue retention pins 62''' therein. A single body unitary 42''' forms the cuff 40'''.

Both forms of the invention, the single cuff and the double cuff, can be used to form both a side-to-side anastomosis and the double cuff form can be used to form an end-to-side anastomosis.

The double cuff form of the invention is applied as indicated in Figures 19-23. A tool, which will be discussed below in connection with Figures 24 et seq, is used to place a cuff on the graft, and then a second cuff on the artery. The vessels are then oriented adjacent to each other as indicated in Figure 19, and then brought together so the two cuffs are coupled as indicated in Figure 20. The cuffs are then coupled together as indicated in Figure 21 to form an end-to-side anastomosis as indicated in Figure 22 or to form a side-to-side anastomosis as shown in Figure 23. The two cuffs are coupled together by a suitable fastener, such as the

above-discussed male/female coupling shown in Figure 21.

An alternative form of the cuff joining means for the double cuff form of the invention is shown in Figure 24. This form of the cuff joining means includes rivets or staples 114 in place of the male and female elements discussed above. The rivets or staples are placed in bases 98 and 99 and hold the bases together in the manner discussed above for the male and female elements 104 and 106.

Instrument

As discussed above, the anastomosis technique of the present invention is intended to be performed in a minimally invasive manner. Therefore, the cuffs discussed above must be placed on blood vessels that are located inside a patient, with the artery carrying blood. As was also discussed above, the anastomosis technique of the present invention may involve extremely small blood vessels. Accordingly, the instrument used to effect the anastomosis must be very accurate and precise, yet will not mishandle the blood vessels during performance of the technique. The instrument will place a cuff on the artery while permitting blood to flow through that artery, and then will place a corresponding cuff on the graft blood vessel, or will attach the graft blood vessel to the single cuff mounted on the artery in the single cuff form of the invention. The instrument will then be used to shape the cuffs so the junction is the most efficient and will permit proper healing. All of this must be carried out in a minimally invasive manner.

The preferred form of the instrument used to mount a cuff to the artery in both forms of the invention and to mount the cuff to the artery and to the graft in the double cuff form of the invention is

shown in Figures 25-29, with Figure 25A showing a cuff in conjunction with the instrument. Instrument 120 broadly comprises a handle frame 122 having a handle 124 that is grasped by a surgeon during operation of the instrument, and a finger frame 126 having a finger grip 128 which is operated by the surgeon, two driver elements 130 and 132 pivotally attached to the handle frame, a graft anvil 134 and an artery anvil 136.

More specifically, in Figure 22, handle frame 122 includes a U-shaped section having legs 140 and 142 attached at one end to handle 124 and which are spaced apart to define a channel 144 therebetween. Each leg has an inside surface 146 with L-shaped anvil alignment slots 148 and 150 defined in the legs to have short legs 152 that intersect the channel and long legs 154 defined to be parallel to the channel. The function of the anvil slots will be understood from the following discussion.

The handle frame further includes two ears 156 and 158. The ears include two spaced apart plates 160 and 162 with bores 164 and 166 defined in each plate to be centrally aligned with each other for a purpose that will be understood from the following discussion. The handle frame further includes two rails, such as rail 170, on the outer edges of the legs 140 and 142.

An undercut region 174 is defined in the proximal end of the handle frame with a top shoulder 176 defined therein at the top entrance to channel 144. Shoulder 176 is U-shaped and has a channel 178 defined between leg 180 corresponding to leg 140 and leg 182 corresponding to leg 142.

Finger frame 122 includes a U-shaped base 184 having two legs 186 each connected to a center section 190 and defining a channel 192 therebetween.

5 A slot 194 is formed at the intersection of each leg
and the center section, with slots 194 being sized
and located to slidably receive rails 170. Sliding
engagement between the rails and the slots permits
the finger frame to move with respect to the handle
frame longitudinally of the channel 190 as is
indicated by the double-headed arrow 196, with handle
frame 122 moving in direction 198 with respect to
finger frame 126 to open the instrument anvils and
10 moving in direction 200 with respect to the finger
frame to close the instrument anvils as will be
discussed below.

Each leg 186 of the finger frame 126 further
includes an ear, such as ear 202 on a distal end
15 thereof to which a guide pin, such as guide pin 204,
is fixed to extend past the handle frame leg adjacent
thereto.

Instrument 120 further includes two pivot pins
206 and 208 accommodated in the aligned bores 164 and
20 166. Each of the driver arms 130 and 132 has a pivot
pin receiving hole 210 and 212 respectively defined
in the proximal end of arms 214 and 216 respectively.
A crescent-shaped driver element 218 and 220 is
located on the distal end of each arm 214 and 216
25 respectively with a cam slot 222 and 226 being
defined in the arms 214 and 216 respectively.

The arms are pivotally attached to the handle
frame by the pins 206 and 208 to move in directions
226 and 228 as indicated by double-headed arrow 230
30 when finger handle 126 moves directions 198 and 200
respectively to open and close the driver heads 218
and 220. Slots 222 and 226 slidably receive guide
pins 204 to effect this opening and closing movement.
Since the driver arms are fixed at an angle to handle
35 frame 122 by pivot pins 206 and 208 and guide pins
204 move longitudinally with respect to the handle

frame and slidably engage cam slots 222 and 226, longitudinal movement of the finger frame with respect to the handle frame will cause the above-mentioned pivotal movement of the anvil arms. The opening and closing of the driver arms is illustrated in Figures 27 (closing) and 28 (opening).

Each driver head, 218, 220 has a V-shaped cuff-engaging edge, such as edge 232 which is sized and shaped to engage the waist section 49 of a cuff. Each edge 232 also has two surfaces 234 that diverge away from each other from the edge 232 to engage surfaces 236 and 238 (see Figure 12) respectively of the cuff sections 92 and 94. Engagement of the surfaces 234 and 236, 238 along with a movement of the anvils 136 and 139 forces the tissue fasteners 62 into the tissue of the blood vessel while shaping the cuff to the blood vessel.

The tissue fasteners must be turned in the manner of a staple in order to fully connect a cuff to a blood vessel. Accordingly, instrument 120 includes artery anvil 136 and graft anvil 134 which are removably fixable to the handle frame. Graft anvil 134 includes a body 240 having a threaded portion 242 on a proximal end thereof, a graft anvil head 244 on a distal end thereof and alignment pins 246 between the two ends thereof. A fastening knob 247 is also included with instrument 120, and is internally threaded to threadably engage threaded portion 242.

Knob 247 is accommodated in undercut area 174 and threaded portion 242 extends through channel 178 to be engaged by the threaded portion of the fastener 247. Longitudinal movement of the graft anvil in directions 260 and 262 is effected by threading the knob 247 on the threaded portion 242. Threaded movement in one direction moves the graft

anvil in direction 262 and threaded movement in the opposite direction moves the graft anvil in direction 260 whereby the location of the graft anvil head 244 with respect to the driver elements 218, 220 can be adjusted and set. The purpose of this movement will be understood from the discussion in this disclosure.

A groove in knob 247 engages lip 176 of handle 120. Since knob 247 remains stationary the anvil moves up or down to bend or cinch the fasteners 62. Body 240 includes a first portion 248 and a second portion 250 that is angled with respect to the first portion 248. Graft anvil head 244 has a proximal end thereof fixed to portion 250 to extend transverse to longitudinal centerline 252 of the body 240. The length of body 240 as measured between its proximal and distal ends is greater than the length of the handle frame as measured along its longitudinal centerline 252 between the shoulder 176 and distal end 256 whereby graft anvil head 244 is spaced from distal end 256 when the graft anvil 134 is mounted on the handle frame. Arm 248 is also long enough so that graft anvil head 244 is also spaced from driver heads 218 and 220 when the graft anvil is in place on the handle frame. Alignment pins 246 are received through anvil slots 148 and 150 and are slidably accommodated in slots 154 so the graft anvil is securely and movably affixed to the handle frame.

Artery anvil 136 includes a body 270 having a threaded portion 272 on a proximal end thereof and an artery anvil head 274 on a distal end thereof. Alignment pins 276 are located on the body to be received through alignment slots 152 and slidably accommodated in slots 154 on the handle frame. When the artery anvil is attached to the handle frame, threaded portion 272 extends through channel 178 and is threadably received by knob 247 to attach the

artery anvil to the handle frame and to move that
artery anvil in directions 260 and 262 with respect
to the handle frame as was discussed above with
regard to the graft anvil whereby the location of the
5 artery anvil head 274 with respect to the driver
heads 218, 220 can be set. The artery anvil head 274
is located beneath the driver heads so that the head
can be inserted into an artery and a cuff being
supported by the driver heads will be located outside
10 that artery. Once the artery anvil head is
positioned inside an artery, the knob 247 is operated
to move the anvil head 274 toward the driver heads
218, 220 until the cuff supported in the heads 218,
220 engage the outside of the artery. The tissue
15 retention pins can then be set.

Artery anvil head 274 includes a bullet shaped
body 280 having two ends 282 and 284 with a bypass
channel 286 defined longitudinally therethrough from
one end 282 to the other end 284. This channel
20 permits blood flow through the anvil head maintaining
perfusion while the cuff is being attached. A
fastener turning section 288 is defined in top
surface 290 of the head 274 adjacent to the
intersection of the head and the body 270 and in a
25 location to receive ends 66 of the tissue fastening
pins when they are forced through the blood vessel
wall. The fastener turning section is concave so the
pin is turned as it engages and follows the anvil
head surface adjacent to the turning section. This
30 rotates the fastener end so the fastener is gradually
bent from the Figure 7A shape to a curved shape shown
in Figure 25, for example. The tissue fastener is
forced to follow this turning section by engagement
of the driver head surface against the cuff and
35 against the fastener body 62 as the heads 218, 220
are moved into engagement with the cuff by operation

of the finger frame 122 and as the artery anvil is moved in direction 260 by operation of the knob 247 on threaded portion 272.

5 Driver heads 218, 220 include docking pins 294 which releasably engage holes 80 and 90 of the docking pins 70 and 82 on the cuff to control the shape of the cuff. The friction fit between pins 294 and the pins 70 and 82 is great enough to permit the cuff to be pulled and shaped by movement of the
10 driver heads, but low enough so the pins 294 can be pulled out of the docking elements without pulling the cuff off of the blood vessel. Alternatively, pins 294 could be retracted through a flexible shaft connected up to the handle. Pulling the driver heads
15 outwardly in direction 226 will enlarge the junction and will change its shape from oblong toward circular. Therefore, a surgeon can shape the junction in the manner that is most efficient to healing and to defining an effective anastomosis.

20 An assembled instrument is shown in Figure 26 with an artery anvil being inserted through an incision I in an artery A and a cuff 40 on the driver elements. As can be seen, once the incision is made, the artery anvil head is button holed into the artery
25 via the incision. The anvil head is actually larger than the incision in the artery but can be angled through the incision into position as shown in Figure 26. The knob 247 is operated to draw the anvil head and vessel surface at the incision up toward heads
30 218, 220. This action also isolates the working area from motion associated with the beating heart. As indicated in Figure 27, after the head supported cuff contacts the outside of the artery, driver heads 218, 220 are operated to force the edges 232 against the
35 waist 49 and against the surfaces 236 and 238, and the knob 247 is further operated to draw the anvil

and the cuff together. Further operation of the knob 247 forces the tissue fasteners through the blood vessel tissue, into turning section 288 and around on themselves in the manner of a staple whereby the cuff is fixed to the blood vessel. During this operation, blood flows through the artery via channel 286. Once the cuff is attached to the artery, the driving heads 218, 220 are opened as shown in Figure 28 so the anvil head 280 can be removed from the artery. Since the cuff is connected to the driver heads, opening the driver heads will enlarge the incision thereby permitting the artery anvil to be removed.

The graft vessel is prepared in a similar manner. The graft anvil is inserted into the graft blood vessel via the end of that blood vessel and is tied to the graft anvil head 244 with a garroting suture. The graft anvil 134 is attached to handle frame 122. The instrument is operated to attach a cuff to the graft blood vessel in a manner similar to that just described for attaching a cuff to the artery. Actually, the graft is prepared first because the surgeon has more time to work on the graft than on the artery. The graft anvil allows the surgeon to prepare the graft on the anvil first and then attach the anvil to the instrument at a later time when it is convenient to do so.

The instrument is then maneuvered so the graft blood vessel is adjacent to the cuff mounted on the artery. The knob 247 is then operated to force the graft blood vessel into contact with the cuff portion that is not attached to the artery to attach the graft vessel to the artery attached cuff. As shown in Figure 29, the graft anvil head has a fastener turning section 296 which operates to turn the fasteners in that section of the cuff in a manner identical to the above-described turning of the

fasteners in the artery. This is illustrated in Figure 29 for a single cuff embodiment. Turning section 296 is used to turn the tissue retention pins to either attach a single cuff to the blood vessel or to attach a separate cuff to the blood vessel. Once the cuff is attached to the graft (for the single cuff embodiment), or the cuff on the graft is attached to the cuff on the artery (for the double cuff embodiment) by attaching the coupling elements 106 and 104 (for the double cuff form) or the bridges 110 are manipulated to bring the inside edges 26 and 26' of the vessels together, the driver heads 218, 220 are manipulated to enlarge the graft incision to permit the graft anvil head to be withdrawn from the graft vessel via the end of that vessel. The driver heads can then be further manipulated to size and shape the junction, and then manipulated to remove the docking pins 70 and 82 from the anvil pins 294 to release the cuff or cuffs from the instrument. The garrot suture is cut and the graft anvil is removed from the graft. The graft blood vessel is then tied off and the anastomosis is complete.

Instrument for mounting a cuff on the graft artery

Shown in Figures 30-34 is one form of an instrument used to mount a cuff on a graft artery. An alternative form of the instrument is shown in Figures 35-37.

As shown in Figure 30, a graft G is prepared by defining an incision IG therein. The graft has been removed and is being prepared and cuffed outside of the patient. An instrument 300 is shown in Figure 31 and includes tongs 302 and 304 having cuff-engaging ends 302' and 304' respectively, and handles 302'' and 304'' respectively which are gripped by the surgeon. A pivot 306 is located at the intersection

of the tongs. Each of the tongs has a cutout portion which conforms to one-half of the shape of a cuff whereby a cuff will be securely held in the tongs as indicated in Figure 31. Elements 106''' are located
5 on the tongs to engage the female elements on the cuff to hold the cuff in position on the tongs. As can also be seen, each tong has a cutout section 310 for engaging anvil 312 shown in Figure 32.

Anvil 312 includes a central section 314 having
10 an opening defined in a top section 316 thereof. A section 318 includes two side sections 324 and 322, each of which has a cutout, such as cutout 326 in side 322, defined therein. Anvil 312 further
15 includes a threaded element 328 extending through the opening defined through top section 316 and is pivotally attached to section 318 at 329. Threaded element 328 is threadably received through a threaded opening 326' defined through section 336. A knob 330
20 is unitary with the threaded element 328. Rotation of the knob moves top section 318 relative to arms 334 as indicated by double-headed arrow 332. Arms, such as arm 334 have top section 336 engaging the threaded element 328. Movement of the threaded
25 element causes the hook sections 338 to move into and out of the cutouts.

As shown in Figure 33, graft G is drawn upwardly through the cuff mounted on instrument 300 to located edge GE above the cuff, and above the fasteners 66 of the cuff. Then, as indicated by arrow 340, anvil 312
30 is moved to orient hooks 338 in cutouts 310. This condition is shown in Figure 34.

Side sections 322 and 324 are unitary, and each includes a fastener turning area 343 and 345 located to engage fastener 66 when the anvil is operated.

35 After the anvil is engaged with the instrument 300, movement of the threaded element forces elements

322 and 324 downwardly until turning areas 343 and 345 engage the ends of fasteners 66. Further movement of the elements 322, 324, turns fasteners around to attach the cuff to the graft vessel in the manner of a staple. Once the cuff is secured to the vessel, the anvil is released, and the cuff and attached vessel removed from the instrument 300. As will be understood from the above discussion, the fasteners 66 are evenly turned by the anvil to evenly mount the cuff to the graft. The cuffed graft can then be laid aside until it is needed.

An alternative form of an instrument used to mount a cuff on a graft is shown in Figures 35-37. The graft is prepared in the manner discussed above.

End cuff attaching tool 350 includes a housing 352 having a forming cavity 354 defined therein to extend from end wall 356 adjacent to edge forming elements 358 and 360. Housing 352 is slidably mounted on plate 362 by a track 363 to be moved by hand pressure in directions 363' and 363''. Housing 364 is mounted on plate 362 and slidably receives a pushrod 366. Pushrod 366 has a link 368 attached at one end thereof by a pivot pin 370. Pushrod 366 can be operated by hand to move in directions 372 and 374 as indicated by double-headed arrow 376.

A tilt table 380 is pivotally attached to the plate 362 by pivot pins, such as pin 382, and is pivotally attached to the link 368 by pin 384. As can be seen in Figure 35, movement of the pushrod in direction 374 tilts the table in direction 386 about pin 382, and vice versa for pushrod movement in direction 372. The table moves from the position shown in Figure 35A to the position shown in Figure 35C under the influence of this pushrod movement.

A vessel receiving element 390 is mounted on one end of the plate 362 to extend upwardly and outwardly

therefrom at an angle as shown in Figure 35. Table 380 includes a cutout section 392 which receives a cuff with cuff toe 394 on top and cuff heel 396 on the bottom. Table 380 includes alignment pins 398 that are received in alignment holes 400 on the cuff, and alignment holes 402 that receive alignment pins 404 on the cuff to releasably secure the cuff to the table.

As can be seen in Figure 35, shaft 390 will extend through the cuff-receiving section 392 and through the cuff mounted on the table. Graft G is placed over the shaft to extend through the cuff with end 406 attached to hooks 408 on the table to temporarily mount the graft to the instrument plate 362. Operation of the pushrod tilts the table in direction 386 to bring the cuff down on top of the graft as can be understood from Figures 36A, 36B and 36C. Once the cuff is in place as shown in Figure 36C, the housing 352 is moved toward the end of the table in direction 363'' as shown in Figures 36C and 36D. The cuff and graft are guided into cavity 354 and the front end of the cuff and graft engage the end of the cavity as indicated in Figures 36D and 37. The shaft 390 includes fastener turning areas, such as area 410 and the turning movement of the table forces cuff fasteners through the graft and into engagement with the shaft at the turning areas. Further turning movement of the table turns the fasteners to couple the cuff to the graft. Movement of the housing 352 in direction 363'' engages J-shaped fastener 66' with the housing and forces that fastener through the graft and into turning area 410. Further movement of the housing turns the fastener to couple the cuff to the graft. Once the J-shaped fasteners are coupled to the graft, the cuff is coupled to the graft and the housing can be moved

in direction 363' and, table 380 moved opposite to direction 386. The cuffed-graft can then be removed from the shaft 390. The J-shape of fasteners 66' prevents the graft vessel from becoming damaged from otherwise protruding pins from the cuff as the tilt-table is being rotated. The variation in shape of the fasteners thus protects the graft vessel.

As before, once the graft vessel is cuffed, it can be set aside until the artery is cuffed.

Instrument for coupling one cuff to another

Shown in Figures 38-40 is an instrument that can be used to couple one cuff to another in the double-cuff form of the invention. As shown in Figure 38, instrument 450 is releasably attached to a vessel-mounted cuff, and is then operated to attach that cuff to another vessel-mounted cuff. One cuff can be attached to an artery using the instrument shown in Figure 25 (using elements 130, 132 and 136) while a cuff can be attached to a graft using the instrument shown in either Figure 31 or Figure 35 in an end-to-side anastomosis, or using the instrument shown in Figure 25 twice (using elements 130, 132 and 136 to attach a cuff to an artery and using element 134 to attach a cuff to a graft) in a side-to-side anastomosis.

The two cuffs are attached together using instrument 450 shown in Figure 38. Instrument 450 includes a handle 452 having a hand-grip 454 on one end thereof. A trigger housing 456 is mounted adjacent to the hand grip. An anchor element 458 is also mounted on the handle adjacent to the hand grip. A cuff engaging section 460 is mounted on the other end of the handle and includes a base 462 having a forward end 464 and an aft end 466. Cuff engaging C-shaped hooks 468 are pivotally mounted on the base section by pivot bars, such as bar 470 extending

through the hooks so the hooks pivot in directions 472 and 474. Clamping hooks 476 and 478 are also pivotally mounted on the base section by bars 470 to move in the directions 472 and 474. Hooks 468 are
5 spring biased in direction 474 by springs, such as spring 480 and hooks 476 and 478 are fixed to bar 470 for rotation therewith. Hooks 476 include cutout portions, such as portion 482. It is noted that a hook 478 is not shown in Figure 38 but is located on
10 the base diametrically opposite to hook 478. Hooks 468 clamp instrument 450 to the cuff, and hooks 476 and 478 force the male fastening elements such as element 106 of one cuff through female elements; such as element 104, of the other cuff. For this reason,
15 hooks 476 include a cutout section to accommodate the male element, whereas hooks 478 do not include a cutout section as these hooks engage the female elements.

The hooks are operated by hand. As shown in
20 Figure 38, hooks 468 are operated by mechanism 490 which includes a tether 492 attached at one end thereof to element 458 and at the other end thereof ears 494 on each hook 468. Tether 492 extends through guide 496 which is located between the ears
25 494. Therefore, movement of element 458 in direction 498 draws ears 494 together in directions 500' and 500'' against the bias of springs 480. The springs tend to move the hooks into cuff engaging positions, such as shown in Figure 39, and the tether is
30 operated to release tool 450 from the cuff. The tool 450 is shown attached to a vessel mounted cuff in Figure 39.

Hooks 476 and 478 are operated by a system 504
35 which includes a tether 506 attached at one end thereof to the trigger housing 456 and at the other end thereof to levers 506. The tether extends

through guides 508. Levers 506 are pivotally mounted on the base section by pins 510 to move in direction 512 when the trigger housing is moved in direction 514. The pivot pins 510 are fixed to rod 470 to rotate that rod in direction 512 with the levers. Hooks 476 and 478 are fixed to the rod 470 for rotation therewith, and rotation of the levers in direction 512 rotates the rod 470 in direction 516. Rotation of the hooks 476 and 478 in direction 516 moves those hooks from the Figure 38 position to the cuff engaging position shown in Figure 40. Rod 470 is also spring biased by a torsion spring, so when the trigger housing is released, that rod will rotate to release hooks 476 and 478 back into the Figure 38 position.

After the tool is mounted to a cuff, that cuff is attached to the other cuff. The cuff and tool are moved adjacent to the other cuff, as shown in Figure 39, and the two cuffs are brought together and coupled as above described.

Method

Figures 41, 42A and 42B represent the method of using the above-described instrument in performing an anastomosis according to the teaching of the present invention.

The following steps are used to effect the anastomosis of the present invention in the single cuff method.

The location of the anastomosis is determined.

The graft is pulled onto the graft anvil.

The graft is garroted to the graft anvil.

The graft and graft anvil are set aside.

Perform arteriotomy.

Button-hole artery anvil into interior lumen of the artery.

Dock the artery anvil to the instrument.

Cinch the fasteners joining the cuff to the artery.

Operate the instrument to open the arteriotomy to full length.

5 Open the driver heads and bend shape the cuff.

Detach the artery anvil from the instrument and remove the artery anvil from the artery.

Close the drivers to accept the graft anvil.

Dock the graft anvil to the instrument.

10 Cinch the fasteners joining the cuff to the graft (single cuff form), or the cuff on the graft to the cuff on the artery (double cuff embodiment).

Release the graft garret.

15 Release the graft anvil from the instrument and tie off the graft end.

Open the shape of the anastomosis with the instrument.

Release the instrument from the cuff or cuffs.

20 The double cuff technique is shown in Figure 42A for a side-to-side anastomosis and in Figure 42B for an end-to-side anastomosis.

It should also be understood that while the hemostatic medium is shown in the preferred embodiments, there may be certain uses, such as mentioned above, of the device that will not require the hemostatic medium. The joining at lumens like fallopian tubes is one example. It is therefore contemplated that this disclosure will cover an anastomosis means and method which omits the hemostatic medium. One example of this hemostatic medium-less anastomosis is shown in Figure 43 in which the tissue pins are staggered in a manner that allows the approximation of the tissue in a sinuous junction line. This will mimic the type of approximation that sutures provide by interweaving from one side to the other. The sinuous junction SJ

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is shown in Figure 43 as tissue pins attached to an external malleable stent S. Tissue is shown as T.

It is further possible at that point to join the two stents with materials that are flexible but which still hold the edges in approximation creating a living hinge between the two stents. The junction SJ will thus be a living hinge about which the two vessels can pivot or move. Figure 43 shows a single cuff design with only one bridge being shown for the sake of clarity of disclosure, it being understood that other bridges, as discussed above, are also included in the Figure 43 embodiment. A double cuff design is shown in Figure 45, with only one coupling element being shown.

Although this invention has been disclosed and illustrated to show the anastomosis of small distal grafts, there are other surgical procedures that will benefit from this type of improvement as will occur to those skilled in the art based on the teaching of this disclosure. For example, a proximal graft attachment to aortic supply, an anastomosis of other luminal structures such as, but not limited to, Fallopian tubes urethra, ureter, bile ducts, etc. can also be performed using the means and method disclosed herein.

Figure 46 shows the use of the present means and method as applied to multiple grafts. As above discussed, where an existing blood supply conduit, such as the IMA, is not available to use, an artificial supply vessel must be grafted. Usually another vessel such as the saphenous vein is harvested from the patient's leg. At this point, the graft must be attached to a supply. This is usually the aorta AA. In the area above the aortic valve, a proximal anastomosis P is performed using the techniques discussed above to attach the new supply

conduit to the aorta. The means and method discussed above is used to perform this procedure. The means and method discussed above is also used to attach the jump graft JG in an end-to-side manner ES in addition to the side-to-side manner SS shown. Multiple grafts are thus effected using the teaching of the present invention. As will be understood by those skilled in the art based on the teaching of the present disclosure, any vessel that needs to be by-passed or joined use the techniques of this invention.

In addition, it is understood that while the invention is particularly well suited for endoscopic use, it is in no way limited to such application. This invention will work equally well in an "open" surgical setting. Accordingly, these situations are intended to be included in the scope of the present invention.

It is understood that while certain forms of the present invention have been illustrated and described herein, it is not to be limited to the specific forms or arrangements of parts described and shown.

CLAIMS

1. An anastomotic device comprising:

A) a first malleable mounting structure for mounting on a first vessel;

5 B) a second malleable mounting structure for mounting on a second vessel;

C) fastener means for fastening said first mounting structure to said second mounting structure; and

10 D) means in each mounting structure for maintaining the mounting structure associated therewith in a selected shape so a desired flow area and shape can be established at the junction of said first and second vessels.

15 2. For use in connecting a first vessel to a second vessel, each vessel having an inside edge surface extending radially of a wall of the vessel, an anastomotic device comprising: means for placing the inside edge surface of the first vessel in abutting, healing contact with the inside edge surface of the
20 second vessel so the vessels heal together at the inside edge surfaces of the vessels, a stiffening framework said stiffening framework being formed of deformable material which causes said stiffening framework to remain in a second configuration after
25 being deformed from a first configuration, means on said stiffening framework for attaching said stiffening framework to the outside surfaces of both the first and second vessels, said stiffening framework holding the inside edge surfaces of the
30 first and second vessels in a first orientation when the stiffening framework is in one configuration and causing the inside edge surfaces of the first and second vessels to be in healing contact with each other when the stiffening framework is in a second
35 configuration.

3. The anastomotic device defined in Claim 1 wherein each mounting structure further includes means for mounting each mounting structure on the vessel associated therewith adjacent to an incision in the vessel and for placing an inside edge of the first vessel immediately adjacent to the incision in said first vessel in healing contact with an inside edge of the second vessel immediately adjacent to the incision in said second vessel.
4. The anastomotic device defined in Claim 1 wherein said first and second vessels are in side-to-side contact with each other.
5. The anastomotic device defined in Claim 1 wherein said first and second vessels are in end-to-side contact with each other.
6. The anastomotic device defined in Claim 1 wherein each of said first and second mounting structures includes a flexible body, and means for attaching said body to a vessel.
7. The anastomotic device defined in Claim 6 wherein said means for attaching said body to a vessel includes retention means.
8. The anastomotic device defined in Claim 7 further including means for placing said retention means in said vessel.
9. The anastomotic device defined in Claim 8 wherein said means for placing said retention means includes an anvil.

10. The anastomotic device defined in Claim 9 wherein said anvil includes a curved surface for turning staples.

5 11. The anastomotic device defined in Claim 2 wherein said first and second vessels are in side-to-side contact with each other.

10 12. An anastomotic device comprising: a mounting structure for mounting on the outside surface of a first vessel adjacent to an incision and on the outside surface of a second vessel adjacent to an incision in the second vessel, said mounting structure being formed of deformable material that causes it to retain a second configuration after being deformed from a first configuration, the
15 outside surfaces being located outside the vessels after the incisions have healed.

20 13. The anastomotic device defined in Claim 12 further including means connecting said mounting structure to said vessels in position so that an inside edge of said first vessel immediately adjacent to the incision in said first vessel is in healing contact with an inside edge of said second vessel immediately adjacent to the incision in said second vessel.

25 14. The anastomotic device defined in Claim 1 wherein said means in each mounting structure for maintaining the mounting structure in a selected shape includes a sinuous stiffening element.

30 15. The anastomotic device defined in Claim I wherein each mounting structure is mounted adjacent to an incision in the vessel associated therewith and

said flow area is larger than the area of one of said vessels whereby said one vessel is enlarged when said mounting structures are fastened together.

5 16. The anastomotic device defined in Claim 15 wherein said means in each mounting structure for maintaining the mounting structure in a selected shape enlarges the incision in one vessel and decreases the size of the incision in the other vessel.

10 17. The anastomotic device defined in Claim 2 wherein said first and second vessels are in end-to-side contact with each other.

15 18. The anastomotic device defined in Claim 1 further including means for defining a blood flow passage and located in one of said vessels for maintaining blood flow in the one vessel while said mounting structures are being mounted to said vessels and fastened to each other.

20 19. The anastomotic device defined in Claim 2 further including means for defining a blood flow passage and located in one of said vessels for maintaining blood flow in the one vessel while the inside edge of the one vessel is being placed in abutting contact with the inside edge of the second
25 vessel.

20. A device for performing an anastomosis comprising:
A) a body having a channel defined therein;
B) a linkage attached at one end thereof to said
30 body; and

C) a driver means attached to another end of said linkage to be operated by said linkage for fastening a mounting structure to a vessel.

5 21. The device defined in Claim 20 further including an anvil having a body sized to be received in said channel and a head which is inserted into a vessel.

22. The device defined in Claim 21 wherein said head includes a means for defining a blood flow passage.

10 23. The device defined in Claim 22 wherein said head further includes means for turning staples.

24. The device defined in Claim 23 wherein said driver means includes a staple engaging surface.

15 25. The device defined in Claim 24 wherein said mounting structure engaging surface is V-shaped in cross sectional shape.

26. The device defined in Claim 23 wherein said driver means includes an arcuate vessel engaging surface.

20 27. The device defined in Claim 21 further including a second anvil.

28. The device defined in Claim 27 wherein said second anvil includes a portion which is received inside a vessel via an end of said vessel.

25 29. The device defined in Claim 1 wherein said mounting structures are hourglass-shaped.

30. The device defined in Claim 29 further including stapes in each of said mounting structures and a retention band in one of said mounting structures.

5 31. The device defined in Claim 30 wherein said retention band has virtually no material memory.

32. The device defined in Claim 2 wherein said means for attaching said hemostatic medium to vessels includes means for moving the vessels toward each other.

10 33. The device defined in Claim 32 wherein said means for moving the vessels toward each other includes a malleable bridge.

34. A method of performing an anastomosis comprising:

- 15 A) defining an incision in a first vessel;
B) defining an incision in a second vessel;
C) positioning a first mounting structure on the first vessel adjacent to the incision in the first vessel so that the inner edge of the first vessel
20 adjacent to the incision therein is spaced from an inner edge of the first mounting structure;
D) fastening the first mounting structure to the first vessel;
E) positioning a second mounting structure on the
25 second vessel adjacent to the incision in the second vessel so that the inner edge of the second vessel adjacent to the incision therein is spaced from an inner edge of the second mounting structure;
F) fastening the second mounting structure to the
30 second vessel; and
G) attaching the first and second mounting structures together.

35. An anastomotic device comprising:

- 5 A) a stent located on a vessel to be joined to another vessel, said stent including a framework formed of deformable material that causes said framework to retain a second configuration after it has been deformed from a first configuration;
- B) means for deforming said stent; and
- 10 C) vessel attaching means on said stent for attaching said stent to the outside surface of the vessel, and to position the inside surface of the vessel adjacent to the inside surface of another vessel.

36. The method defined in Claim 34 wherein the step of shaping the fastened mounting structures includes
15 defining a flow area which exceeds a cross sectional area defined by one of the vessels prior to said attaching step.

37. The method defined in Claim 34 further including a step of positioning the vessels in side-to-side
20 orientation prior to said attaching step.

38. The method defined in Claim 34 further including a step of positioning the vessels in end-to-side orientation prior to said attaching step.

39. The anastomotic device defined in Claim 2
25 wherein each of said first and second mounting structures includes a flexible body, and means for attaching said body to a vessel.

40. The method defined in Claim 34 further including a step of maintaining blood flow through one of the
30 vessels.

41. The method defined in Claim 35 further including a step of maintaining blood flow through one of the vessels.

42. A method of performing an anastomosis comprising:

- A) defining an incision in a first vessel;
- B) defining an incision in a second vessel;
- C) positioning a mounting structure on the first vessel adjacent to the incision in the first vessel so that the inner edge of the first vessel adjacent to the incision therein is spaced from an inner edge of the mounting structure;
- D) fastening the mounting structure to the first vessel;
- E) positioning the second vessel adjacent to the mounting structure so that an inner edge of the second vessel adjacent to the incision therein is spaced from an inner edge of the mounting structure;
- F) fastening the mounting structure to the second vessel; and
- G) shaping the fastened mounting structure to define a desired flow area between the first and second vessels.

43. The method defined in Claim 42 further including positioning the inner edges of the vessels in abutting contact with each other prior to said shaping step.

44. A method of performing an anastomosis comprising:

- A) defining an incision in a first vessel;
- B) defining an incision in a second vessel;
- C) fastening a mounting structure to each vessel adjacent to each incision; and

D) shaping said mounting structure to define a desired flow area and shape for the junction of the two vessels.

5 45. A method of performing an anastomosis comprising: maintaining blood flow in a vessel; defining an incision in the vessel; fastening a stent on the outside of the vessel; and shaping the stent.

10 46. The method defined in Claim 45 further including stabilizing the vessel during the step of fastening the stent.

47. The method defined in Claim 41 further including a step of drawing the vessels together.

48. The method defined in Claim 41 further including a step of stabilizing the first vessel.

15 49. The method defined in Claim 41 further including a step of positioning the inside edges of each vessel in abutting contact with each other.

20 50. The method defined in Claim 34 further including shaping the fastened mounting structures to define a desired flow area between the first and second vessels.

51. An anastomotic device comprising:

- 25 A) a hemostatic medium;
B) a stent located on the outside of one vessel which is to be joined to another vessel; and
C) means for bringing vessel walls of said one vessel into intimate approximation with other vessel walls of said another vessel.

52. The anastomotic device defined in Claim 39 wherein said means for attaching said body to a vessel includes retention means.

5 53. The anastomotic device defined in Claim 35 further including a hemostatic medium.

54. The anastomotic device defined in Claim 35 wherein said stent is located on the outside of the vessel.

10 55. The anastomotic device defined in Claim 35 wherein said vessel attaching means includes staples.

56. An anastomotic device comprising:

- A) a first malleable frame mounted on an outside surface of a first vessel;
- 15 B) a second malleable frame mounted on an outside surface of a second vessel;
- C) fastener means for fastening said first malleable frame to said second malleable frame; and
- 20 D) means in each malleable frame for maintaining the malleable frame associated therewith in a selected shape so a desired flow area and shape can be established at the junction of said first and second vessels.

25 57. The anastomotic device defined in Claim 56 further including a living hinge located at a junction formed between the first and second vessels.

58. The anastomotic device defined in Claim 56 wherein said fastener means include tissue retention pins that are staggered with respect to each other.

59. The anastomotic device defined in Claim 56 wherein the junction formed between the two vessels is sinuous in shape.

5 60. The anastomotic device defined in Claim 52 further including means for placing said retention means in said vessel.

61. The anastomotic device defined in Claim 60 wherein said means for placing said retention means includes an anvil.

10 62. The anastomotic device defined in Claim 61 wherein said anvil includes a curved surface for turning said staples.

15 63. The anastomotic device defined in Claim 2 wherein said means in each mounting structure for maintaining the mounting structure in a selected shape includes a sinuous stiffening element.

20 64. The anastomotic device defined in Claim 2 wherein each mounting structure is mounted adjacent to an incision in the vessel associated therewith and said flow area is larger than the area of one of said vessels whereby said one vessel is enlarged when said mounting structures are fastened together.

25 65. The anastomotic device defined in Claim 2 further including a blood flow passage defining means in one of said vessels for maintaining blood flow while said mounting structures are being mounted to said vessels and fastened to each other.

66. A device for performing an anastomosis comprising:

- A) a member for supporting a malleable stent;
B) an anvil for controlling tissue fastening elements and for controlling vessel tissue during fastening; and
5 C) means for shaping said stent in situ on the vessel.

67. The anastomotic device defined in Claim 35 wherein said vessel attaching means includes means for bringing vessel walls into approximation.

10 68. The method defined in Claim 45 further including steps of performing multiple grafts.

69. The anastomosis device defined in Claim 35 further including a second stent located on the first-mentioned vessel and spaced from said
15 first-mentioned stent whereby multiple grafts can be effected.

70. An anastomotic device comprising: means for placing an inside edge surface of an incision in a first vessel in abutting contact with an inside
20 surface of an incision in a second vessel so the vessels heal together at the inside edge surfaces of the vessels, and a stiffening framework located on the outside surface of each of the vessels and being fabricated of a deformable material that retains a
25 second configuration after being deformed from a first configuration, means on said stiffening framework for attaching said stiffening framework to said vessels.

71. The anastomotic device defined in Claim 70
30 further including pins on said malleable frames and wherein the pins on the first frame are oriented in

staggered relationship with respect to pins on the second frame to compress tissue located between pins on opposing rings.

5 72. The anastomotic device defined in Claim 70 further including a docking system for connecting the stiffening framework on the first vessel to the stiffening framework on the second vessel for producing a compliant joint.

10 73. The anastomotic device defined in Claim 56 further including means for aligning and attaching said frames.

15 74. The anastomotic device defined in Claim 70 further including tissue fastening means which includes pins which are arranged with respect to each other to force tissue interposed between pins between the frames.

AMENDED CLAIMS

[received by the International Bureau on 01 March 2000 (01.03.00) ;
original claims 1-74 replaced by new claims 1-71 (12 pages)]

1. An anastomotic device comprising:
 - 5 A) a first malleable mounting structure for mounting on a first vessel;
 - B) a second malleable mounting structure for mounting on a second vessel;
 - C) fastener means for fastening said first mounting structure to said second mounting structure; and
 - 10 D) means in each mounting structure for maintaining the mounting structure associated therewith in a selected shape so a desired flow area and shape can be established at the junction of said first and second vessels.
2. The anastomotic device defined in Claim 1 wherein each
15 mounting structure further includes means for mounting each mounting structure on the vessel associated therewith adjacent to an incision in the vessel and for placing an inside edge of the first vessel immediately adjacent to the incision in said first vessel in healing contact with an inside edge of the second vessel immediately adjacent to the incision in said second vessel.
- 20 3. The anastomotic device defined in Claim 1 wherein said first and second vessels are in side-to-side contact with each other.
4. The anastomotic device defined in Claim 1 wherein said first and second vessels are in end-to-side contact with each other.

5. The anastomotic device defined in Claim 1 wherein each of said first and second mounting structures includes a flexible body, and means for attaching said body to a vessel.
6. The anastomotic device defined in Claim 5 wherein said means for attaching said body to a vessel includes retention means.
7. The anastomotic device defined in Claim 6 further including means for placing said retention means in said vessel.
8. The anastomotic device defined in Claim 7 wherein said means for placing said retention means includes an anvil.
9. The anastomotic device defined in Claim 8 wherein said anvil includes a curved surface for turning staples.
10. The anastomotic device defined in Claim 1 wherein said means in each mounting structure for maintaining the mounting structure in a selected shape includes a sinuous stiffening element.
11. The anastomotic device defined in Claim 1 wherein each mounting structure is mounted adjacent to an incision in the vessel associated therewith and said flow area is larger than the area of one of said vessels whereby said one vessel is enlarged when said mounting structures are fastened together.
12. The anastomotic device defined in Claim 11 wherein said means in each mounting structure for maintaining the mounting structure in a selected shape enlarges the incision in one vessel and decreases the size of the incision in the other vessel.

13. The anastomotic device defined in Claim 1 further including means for defining a blood flow passage and located in one of said vessels for maintaining blood flow in the one vessel while said mounting structures are being mounted to said vessels and fastened to each other.

5 14. For use in connecting a first vessel to a second vessel, each vessel having an inside edge surface extending radially of a wall of the vessel, an anastomotic device comprising: means for placing the inside edge surface of the first vessel in abutting, healing contact with the inside edge surface of the second vessel so the vessels heal together at the inside edge surfaces of the vessels, a stiffening framework said stiffening framework being formed of
10 deformable material which causes said stiffening framework to remain in a second configuration after being deformed from a first configuration, means on said stiffening framework for attaching said stiffening framework to the outside surfaces of both the first and second vessels, said stiffening framework holding
15 the inside edge surfaces of the first and second vessels in a first orientation when the stiffening framework is in one configuration and causing the inside edge surfaces of the first and second vessels to be in healing contact with each other when the stiffening framework is in a second configuration.

15 15. An anastomotic device comprising: a mounting structure for mounting on the outside surface of a first vessel adjacent to an incision and on the outside surface of a second vessel adjacent to an incision in the second vessel, said mounting structure being formed of deformable material that causes it to retain a second configuration after being deformed from a first

configuration, the outside surfaces being located outside the vessels after the incisions have healed.

16. The anastomotic device defined in Claim 15 further including means connecting said mounting structure to said vessels in position so that an
5 inside edge of said first vessel immediately adjacent to the incision in said first vessel is in healing contact with an inside edge of said second vessel immediately adjacent to the incision in said second vessel.

17. The anastomotic device defined in Claim 14 wherein said first and second vessels are in side-to-side contact with each other.

10 18. The anastomotic device defined in Claim 14 wherein said first and second vessels are in end-to-side contact with each other.

19. The anastomotic device defined in Claim 14 further including means for defining a blood flow passage and located in one of said vessels for maintaining blood flow in the one vessel while the inside edge of the one vessel
15 is being placed in abutting contact with the inside edge of the second vessel.

20. The anastomotic device defined in Claim 14 wherein said stiffening framework includes a flexible body, and means for attaching said body to a vessel.

21. The anastomotic device defined in Claim 20 wherein said means
20 for attaching said body to a vessel includes retention means.

22. The anastomotic device defined in Claim 21 further including means for placing said retention means in said vessel.

23. The anastomotic device defined in Claim 22 wherein said means for placing said retention means includes an anvil.

24. The anastomotic device defined in Claim 23 wherein said anvil includes a curved surface for turning staples.

25. The anastomotic device defined in Claim 14 wherein the stiffening framework includes a sinuous stiffening element.

5 26. The anastomotic device defined in claim 14 wherein the stiffening framework is mounted adjacent incisions in the vessel associated therewith and is deformable to create a flow area between said vessels larger than the area of one said vessels.

10 27. The anastomotic device defined in Claim 14 further including a blood flow passage defining means in one of said vessels for maintaining blood flow while said stiffening framework is being attached to said one vessel.

28. An anastomotic device comprising:

- 15 A) a stent located on a vessel to be joined to another vessel, said stent including a framework formed of deformable material that causes said framework to retain a second configuration after it has been deformed from a first configuration;
- B) means for deforming said stent; and
- 20 C) vessel attaching means on said stent for attaching said stent to the outside surface of the vessel, and to position the inside surface of the vessel adjacent to the inside surface of another vessel.

29. The anastomotic device defined in Claim 28 further including a hemostatic medium.

30. An anastomotic device comprising:
- A) a first malleable frame mounted on an outside surface of a first vessel;
 - B) a second malleable frame mounted on an outside surface of a second vessel;
 - C) fastener means for fastening said first malleable frame to said second malleable frame; and
 - D) means in each malleable frame for maintaining the malleable frame associated therewith in a selected shape so a desired flow area and shape can be established at the junction of said first and second vessels.
31. The anastomotic device defined in Claim 30 further including a living hinge located at a junction formed between the first and second vessels.
32. The anastomotic device defined in Claim 30 wherein said fastener means include tissue retention pins that are staggered with respect to each other.
33. The anastomotic device defined in Claim 30 wherein the junction formed between the two vessels is sinuous in shape.
34. The anastomotic device defined in Claim 30 further including means for aligning and attaching said frames.
35. An anastomotic device comprising: means for placing an inside edge surface of an incision in a first vessel in abutting contact with an inside surface of an incision in a second vessel so the vessels heal together at the inside edge surfaces of the vessels, and a stiffening framework located on the

outside surface of each of the vessels and being fabricated of a deformable material that retains a second configuration after being deformed from a first configuration. means on said stiffening frameworks for attaching said stiffening frameworks to said vessels.

5 36. The anastomotic device defined in Claim 30 further including pins on said malleable frames and wherein the pins on the first frame are oriented in staggered relationship with respect to pins on the second frame to compress tissue located between pins on opposing frames.

10 37. The anastomotic device defined in Claim 35 further including a docking system for connecting the stiffening framework on the first vessel to the stiffening framework on the second vessel for producing a compliant joint.

 38. The anastomotic device defined in Claim 35 further including tissue fastening means which includes pins which are arranged with respect to each other to force tissue interposed between pins between the frameworks.

15 39. The anastomotic device defined in Claim 28 wherein said stent is located on the outside of the vessel.

 40. The anastomotic device defined in Claim 28 wherein said vessel attaching means includes staples.

20 41. A device for performing an anastomosis comprising:
 A) a body;
 B) a linkage attached at one end thereof to said body; and
 C) a driver attached to another end of said linkage to be operated by said linkage for fastening a mounting structure to a vessel.

42. The device defined in Claim 41 wherein said body has a channel defined therein, said device further comprising an anvil having a body sized to be received in said channel and a head proportioned for insertion into a vessel.

43. The device defined in Claim 42 wherein said head includes a
5 blood flow passage.

44. The device defined in Claim 43 wherein said head further comprises structure for turning staples.

45. The device defined in Claim 44 wherein said driver includes a staple engaging surface.

10 46. The device defined in Claim 45 wherein said engaging surface is V-shaped in cross sectional shape.

47. The device defined in Claim 44 wherein said driver includes an arcuate vessel engaging surface.

48. The device defined in claim 42 further comprising a second anvil
15 to be used in place of the first anvil, said second anvil having a body sized to be received in said channel and a head proportioned for insertion into a vessel via an end of said vessel.

49. A device for performing an anastomosis comprising:

- 20 A) a member for supporting a malleable stent for securement to a vessel;
- B) an anvil for controlling tissue fastening elements of a stent supported by the member to secure the stent to a vessel; and

C) stent engageable means for shaping said stent in situ on the vessel.

50. The device defined in Claim 48 wherein said head further comprises structure for turning staples.

5 51. The device defined in Claim 50 wherein said driver includes a staple engaging surface.

52. The device defined in Claim 51 wherein said engaging surface is V-shaped in cross sectional shape.

53. The device defined in Claim 50 wherein said driver includes an
10 arcuate vessel engaging surface.

54. The device defined in Claim 49 wherein the stent engageable means comprise a pair of elements movable relative to one another to shape a stent.

55. The device defined in Claim 49 wherein:

- 15 A) the member for supporting a malleable stent includes elements movable relative to one another; and
- B) the stent engageable means comprise pins carried by the respective elements for engagement with a stent supported by the member.

20 56. A method of performing an anastomosis comprising:

A) defining an incision in a first vessel;

B) defining an incision in a second vessel;

C) positioning a first mounting structure on the first vessel adjacent to the incision in the first vessel so that an inner

- edge of the first vessel adjacent to the incision therein is spaced from an inner edge of the first mounting structure;
- D) fastening the first mounting structure to the first vessel;
- E) positioning a second mounting structure on the second vessel adjacent to the incision in the second vessel so that an inner edge of the second vessel adjacent to the incision therein is spaced from an inner edge of the second mounting structure;
- F) fastening the second mounting structure to the second vessel; and
- G) attaching the first and second mounting structures together.

57. The method defined in Claim 56 wherein the step of attaching the first and second mounting structures together includes positioning the inner edges of the vessels in abutting contact with each other after said attaching steps.

58. The method defined in Claim 56 further comprising a step of shaping the fastened mounting structures to define a flow area which exceeds a cross sectional area defined by one of the vessels prior to said attaching step.

59. The method defined in Claim 56 further comprising a step of positioning the vessels in side-to-side orientation prior to said attaching step.

60. The method defined in Claim 56 further comprising a step of positioning the vessels in end-to-side orientation prior to said attaching step.

61. The method defined in Claim 56 further comprising a step of maintaining blood flow through one of the vessels.

62. A method of performing an anastomosis comprising:

- A) defining an incision in a first vessel;
- 5 B) defining an incision in a second vessel;
- C) positioning a mounting structure on the first vessel adjacent to the incision in the first vessel so that an inner edge of the first vessel adjacent to the incision therein is spaced from an inner edge of the mounting structure;
- 10 D) fastening the mounting structure to the first vessel;
- E) positioning the second vessel adjacent to the mounting structure so that an inner edge of the second vessel adjacent to the incision therein is spaced from an inner edge of the mounting structure;
- 15 F) fastening the mounting structure to the second vessel; and
- G) shaping the fastened mounting structure to define a desired flow area between the first and second vessels.

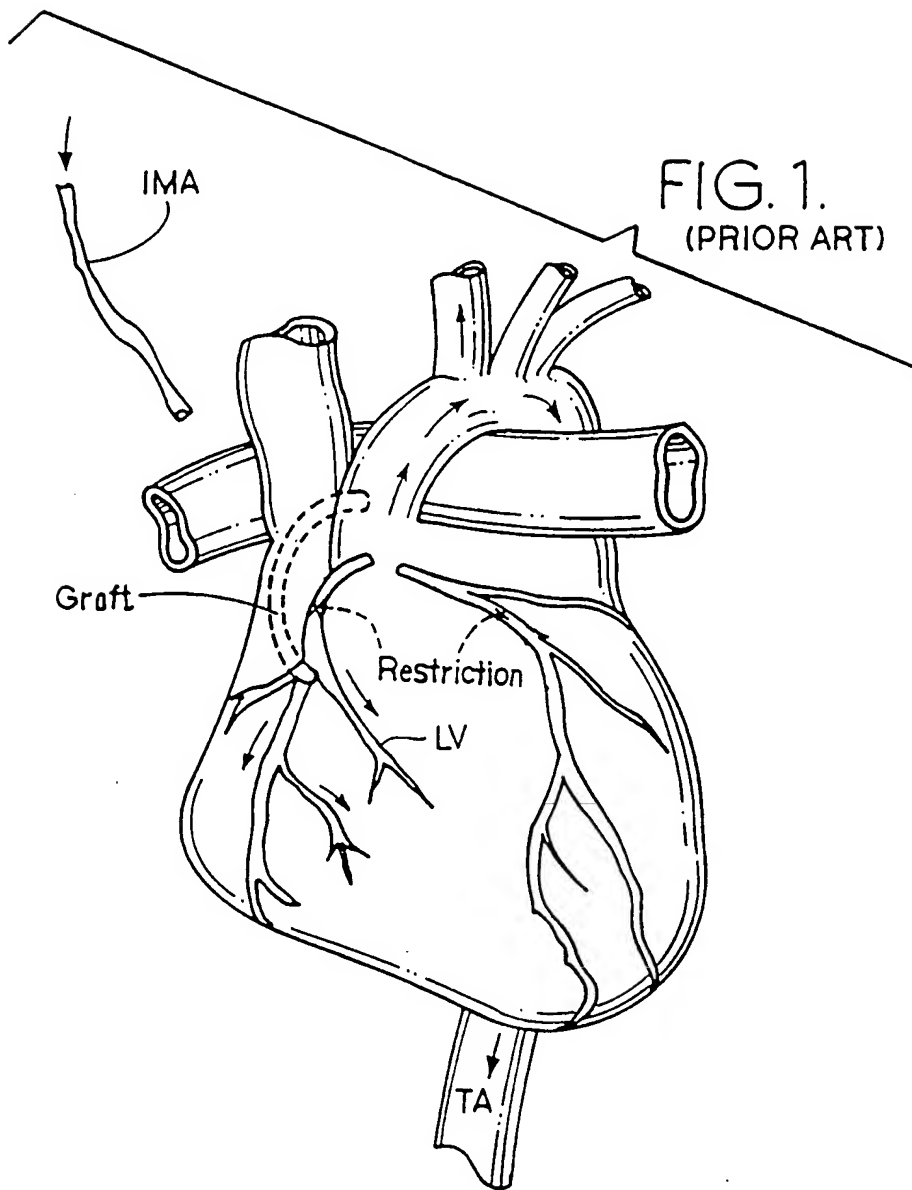
63. The method defined in Claim 62 further comprising a step of positioning the inner edges of the vessels in abutting contact with each other
20 prior to said shaping step.

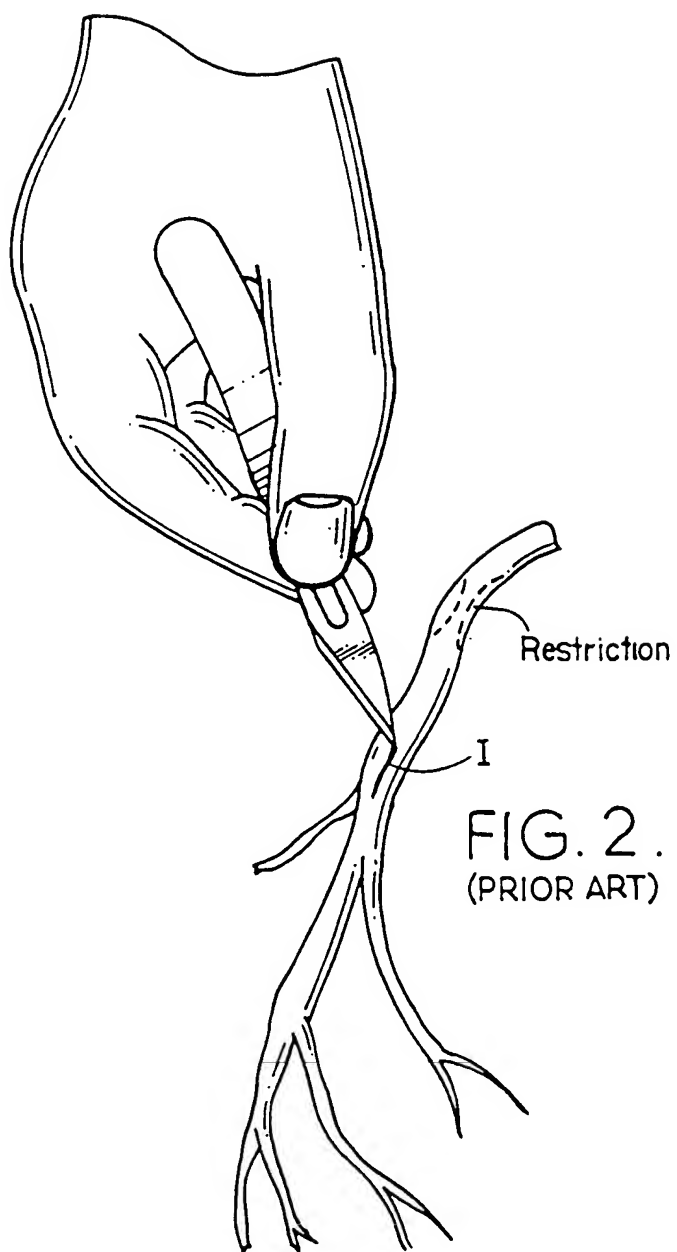
64. A method of performing an anastomosis comprising:

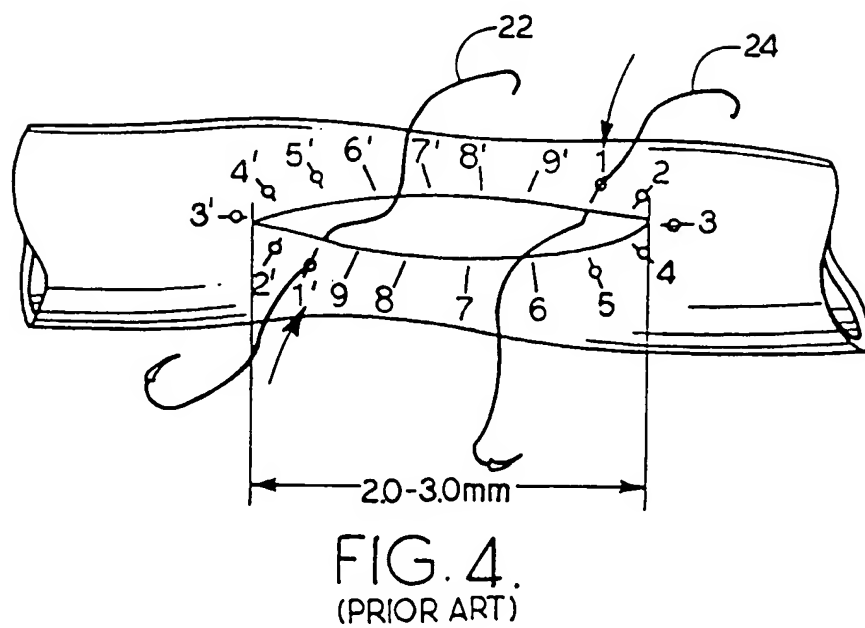
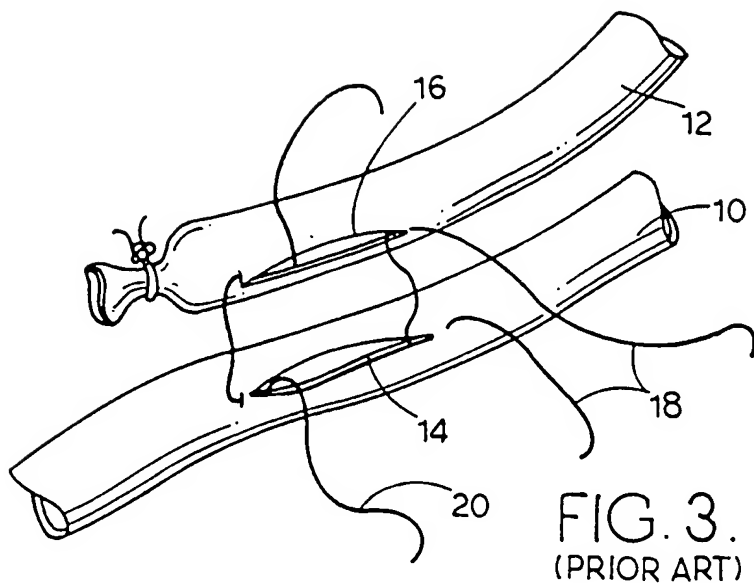
- A) defining an incision in a first vessel;
- B) defining an incision in a second vessel;

- C) fastening a mounting structure to each vessel adjacent to each incision; and
- D) shaping said mounting structure to define a desired flow area and shape for the junction of the two vessels.

- 5 65. A method of performing an anastomosis comprising: maintaining blood flow in a vessel; defining an incision in the vessel; fastening a stent on the outside of the vessel; and shaping the stent.
66. The method defined in Claim 65 further comprising stabilizing the vessel during the step of fastening the stent.
- 10 67. The method defined in Claim 61 further comprising a step of drawing the vessels together.
68. The method defined in Claim 61 further comprising a step of stabilizing the first vessel.
69. The method defined in Claim 61 further comprising a step of
- 15 positioning the inside edges of each vessel in abutting contact with each other.
70. The method defined in Claim 56 further comprising a step of shaping the fastened mounting structures to define a desired flow area between the first and second vessels.
71. The method defined in Claim 65 further comprising steps of
- 20 performing multiple grafts.







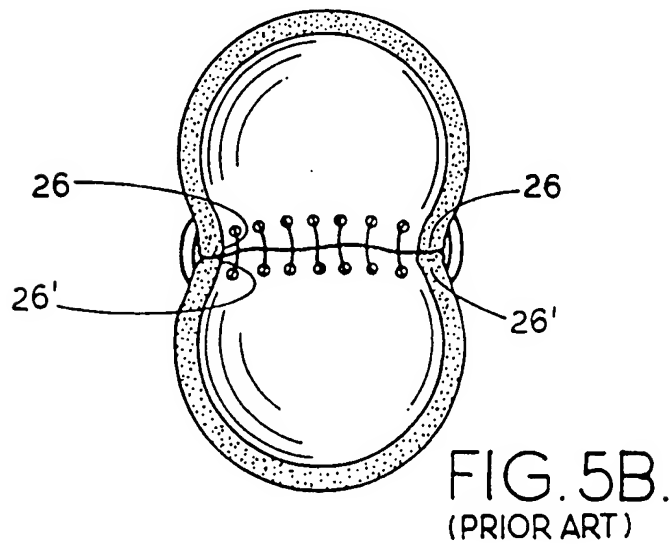
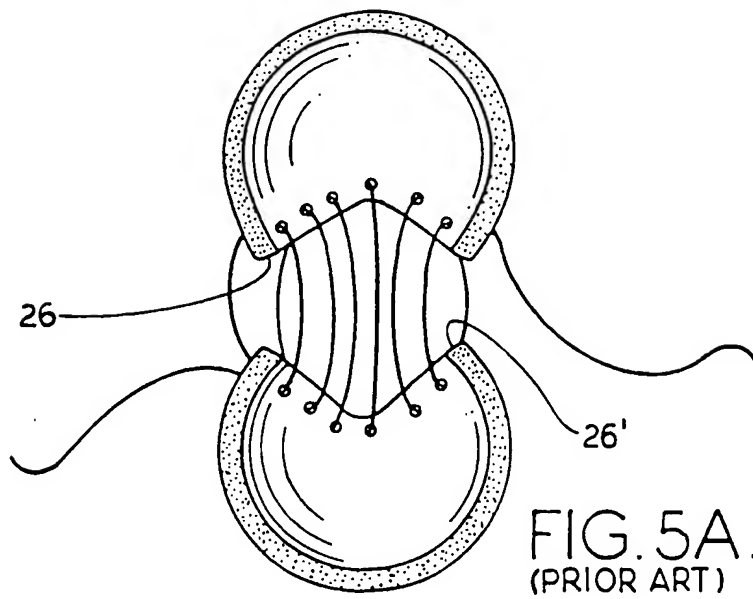
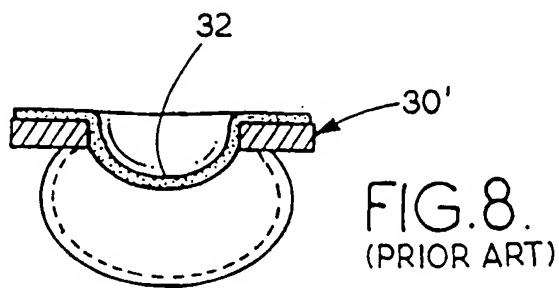
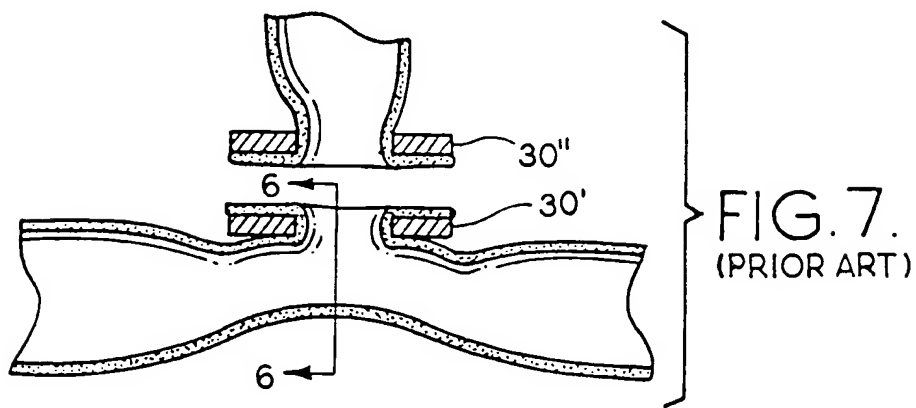
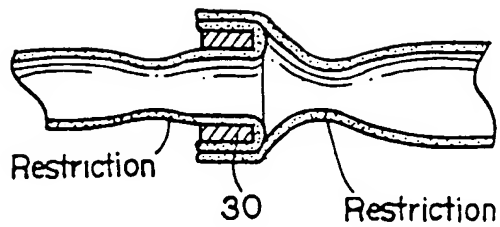


FIG. 6. (PRIOR ART)



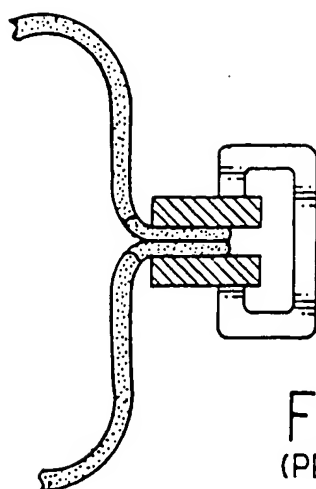


FIG. 9.
(PRIOR ART)

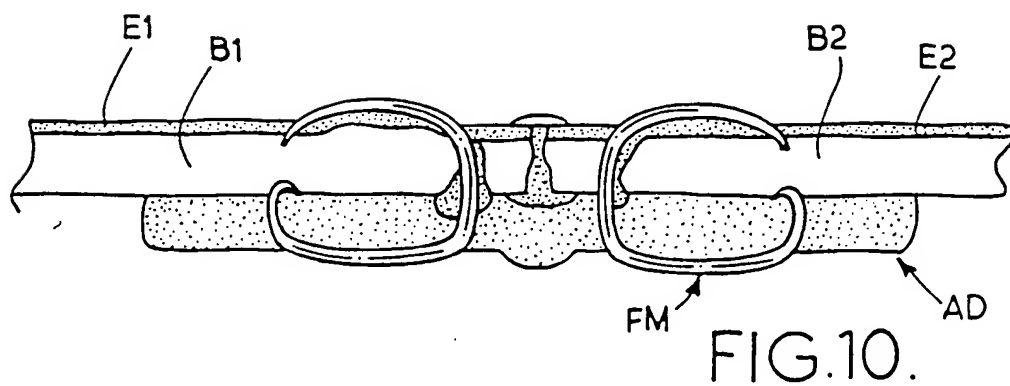
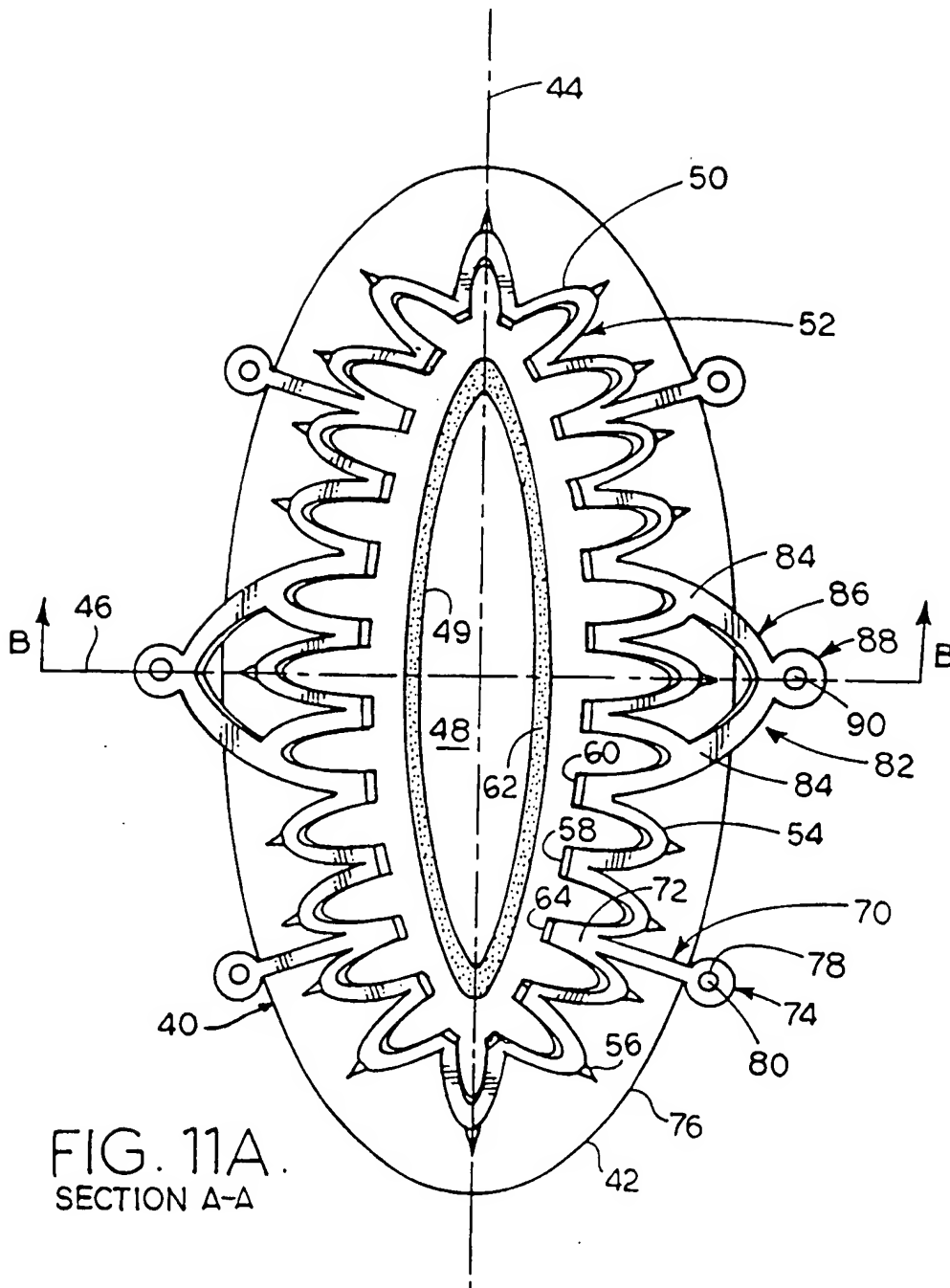


FIG. 10.



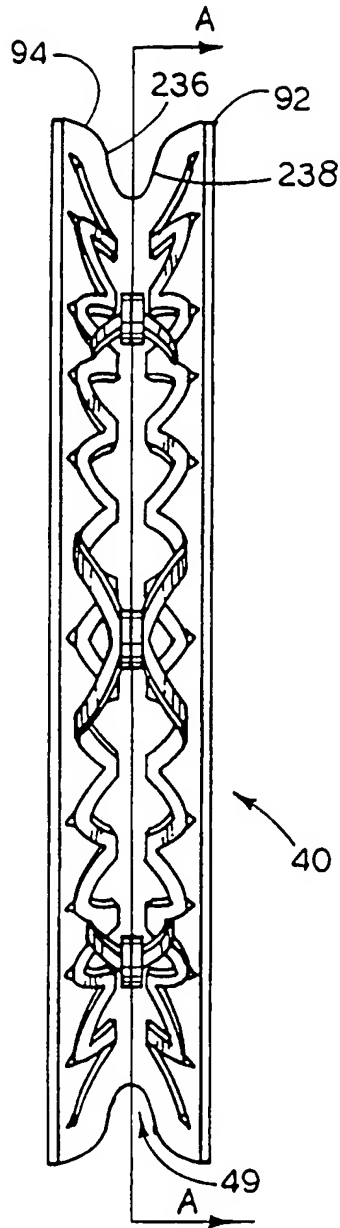


FIG.11.

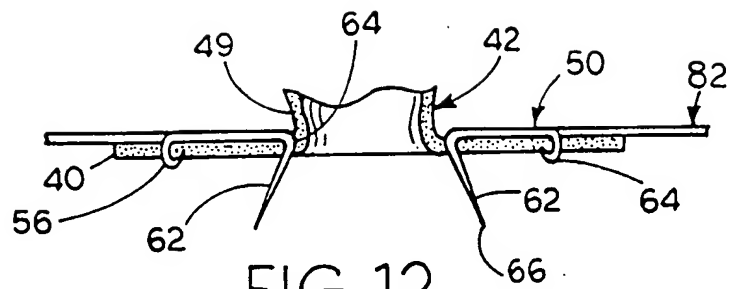
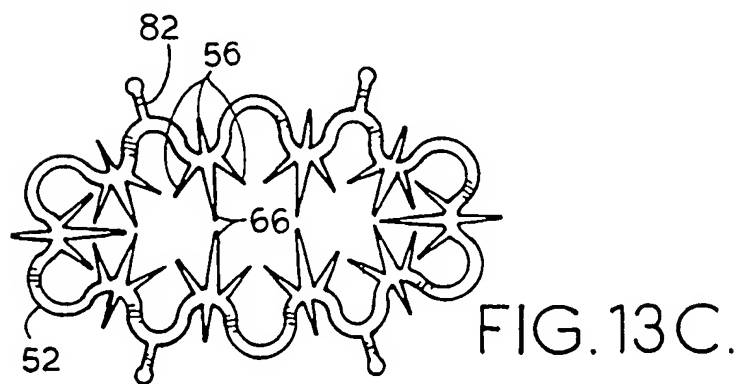
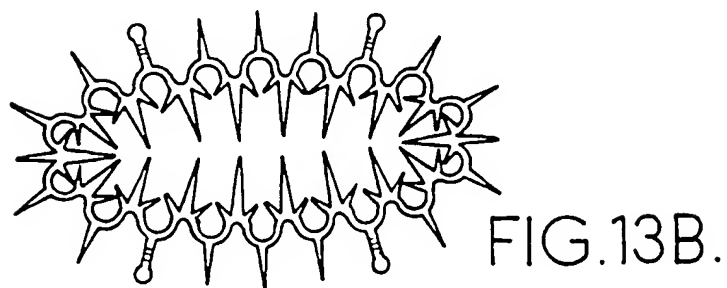
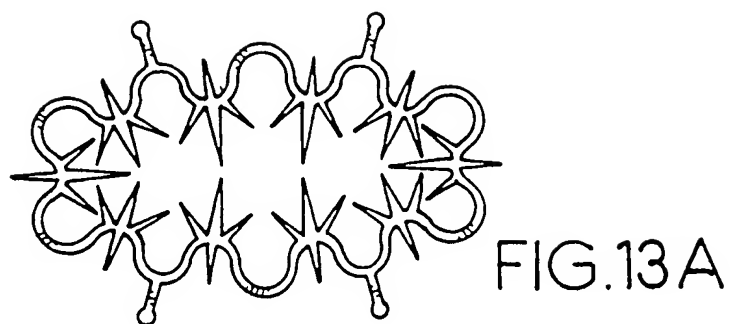


FIG.12.
SECTION B-B



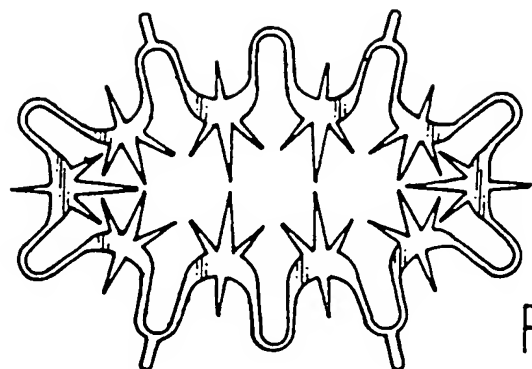


FIG.13D.

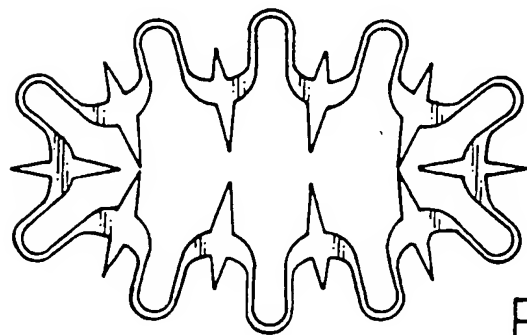


FIG.13E.

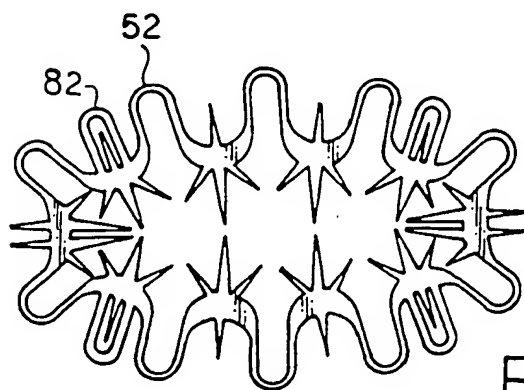
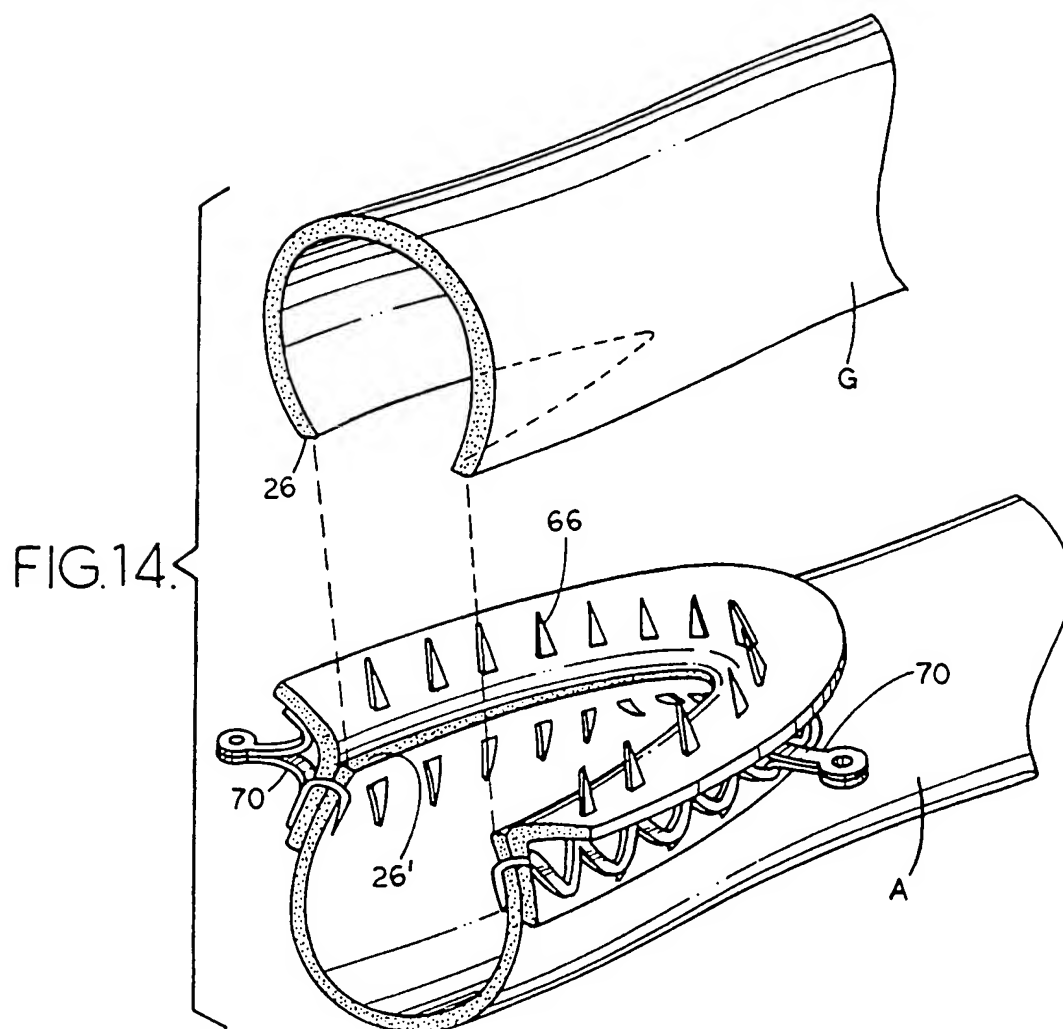


FIG.13F.



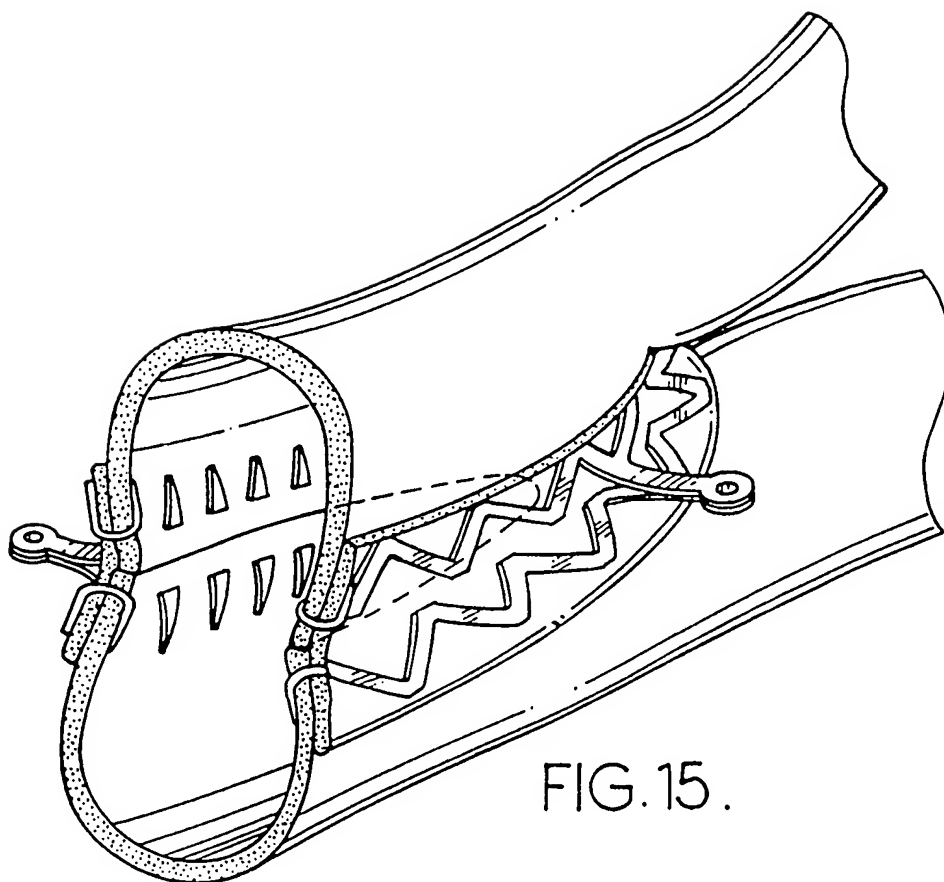
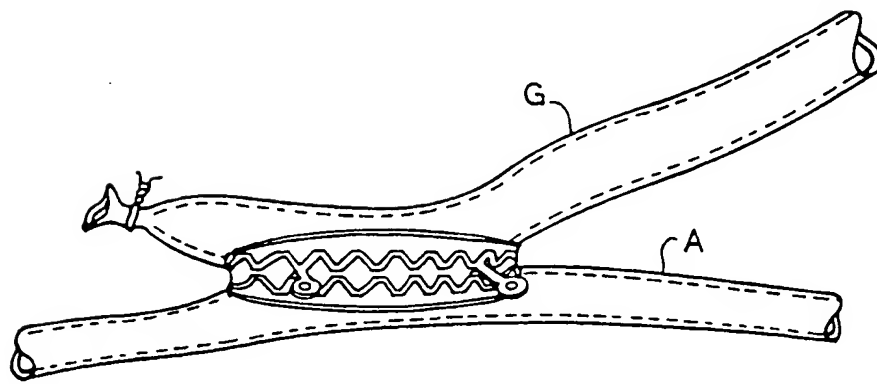
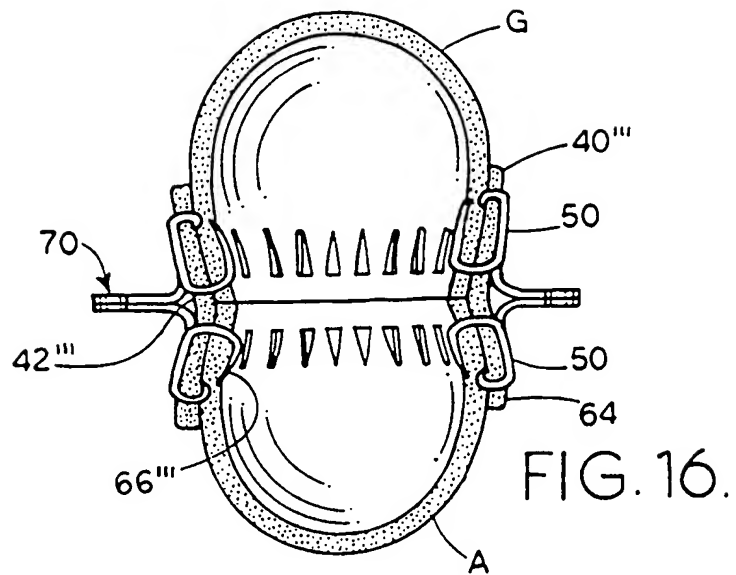


FIG.15.



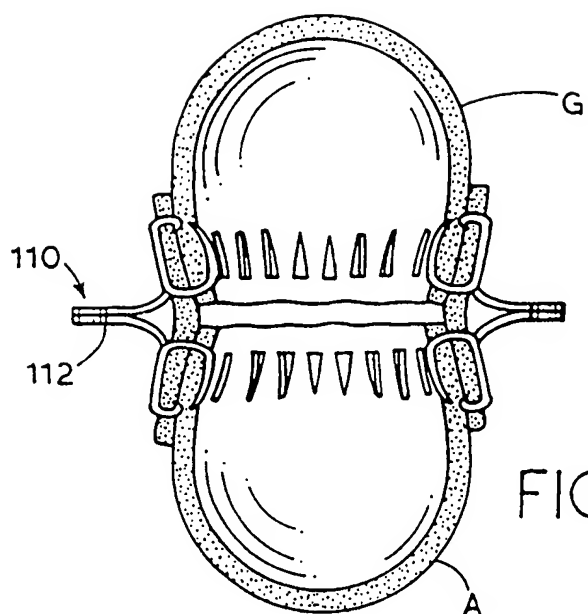


FIG. 18A.

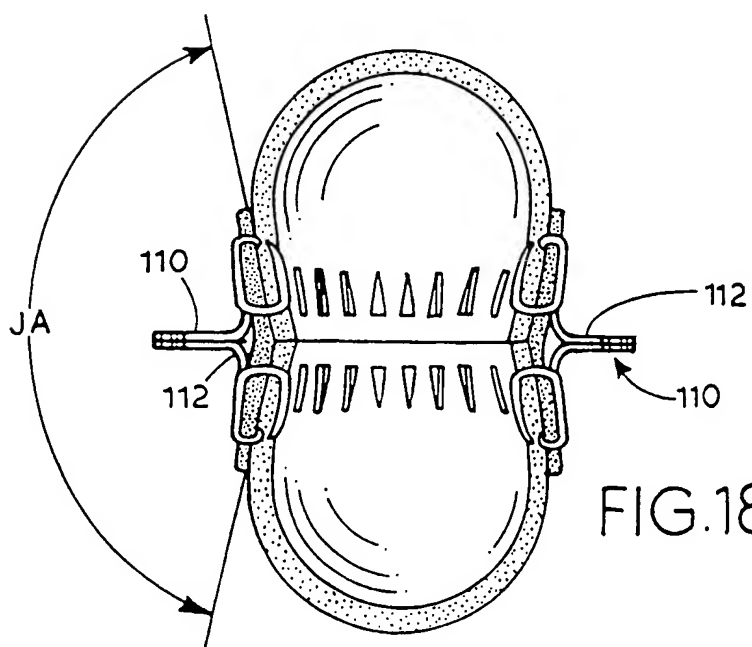
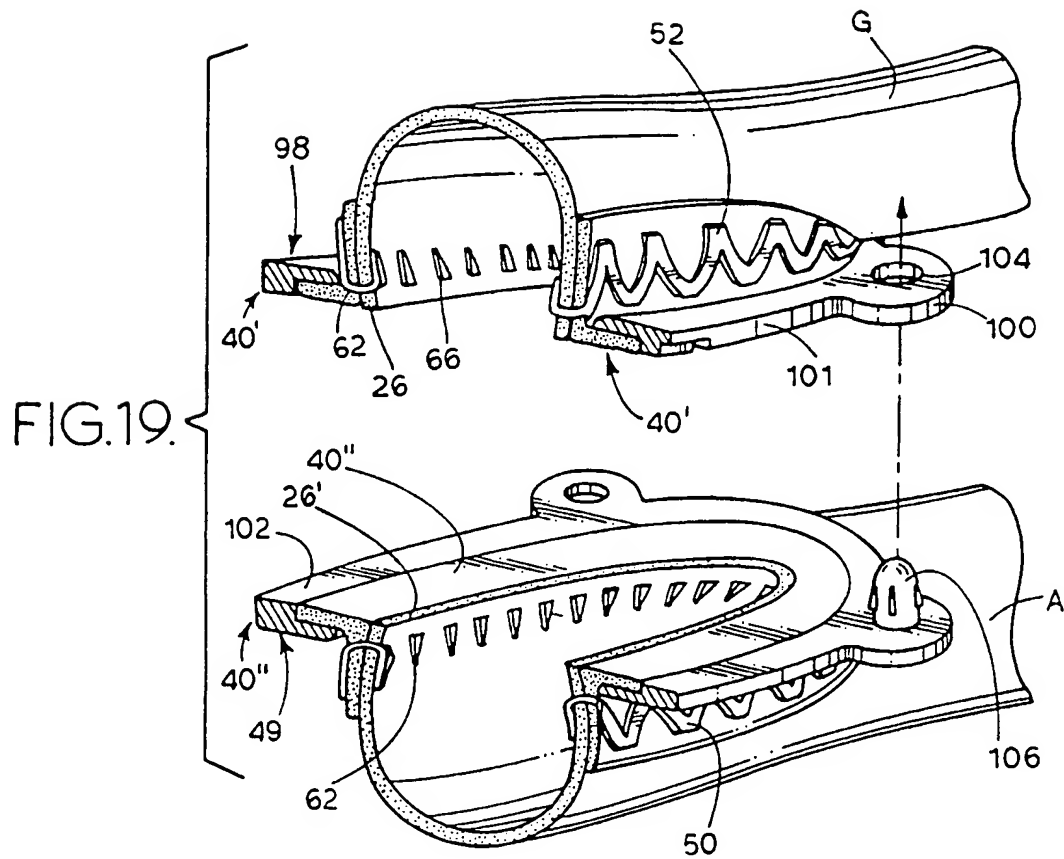
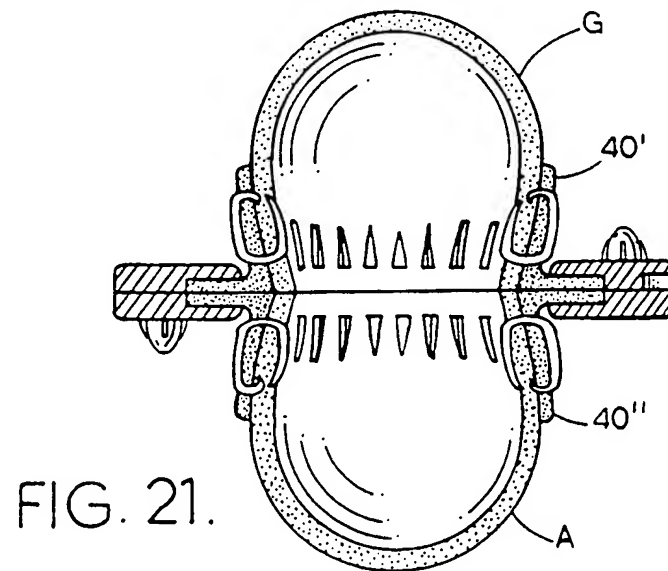
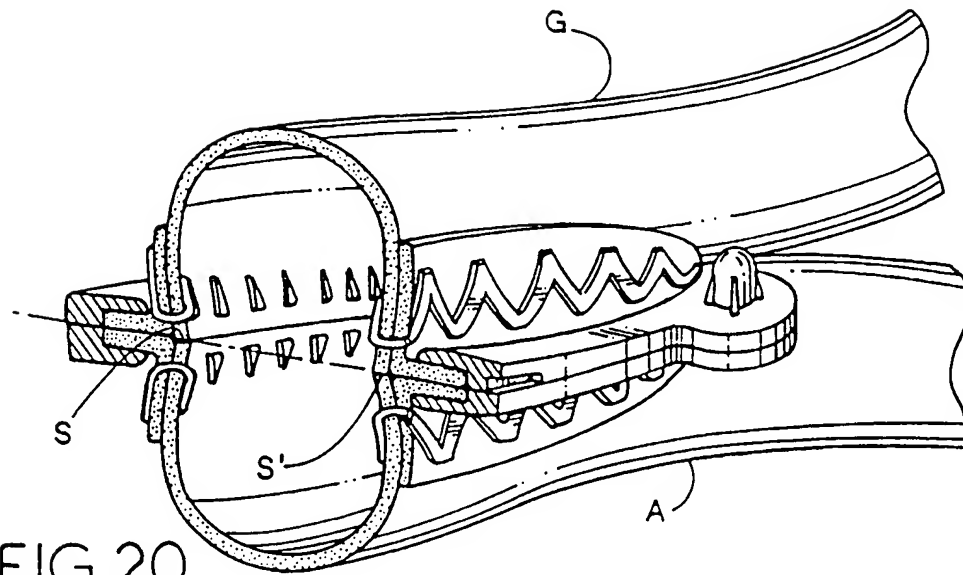


FIG. 18B.





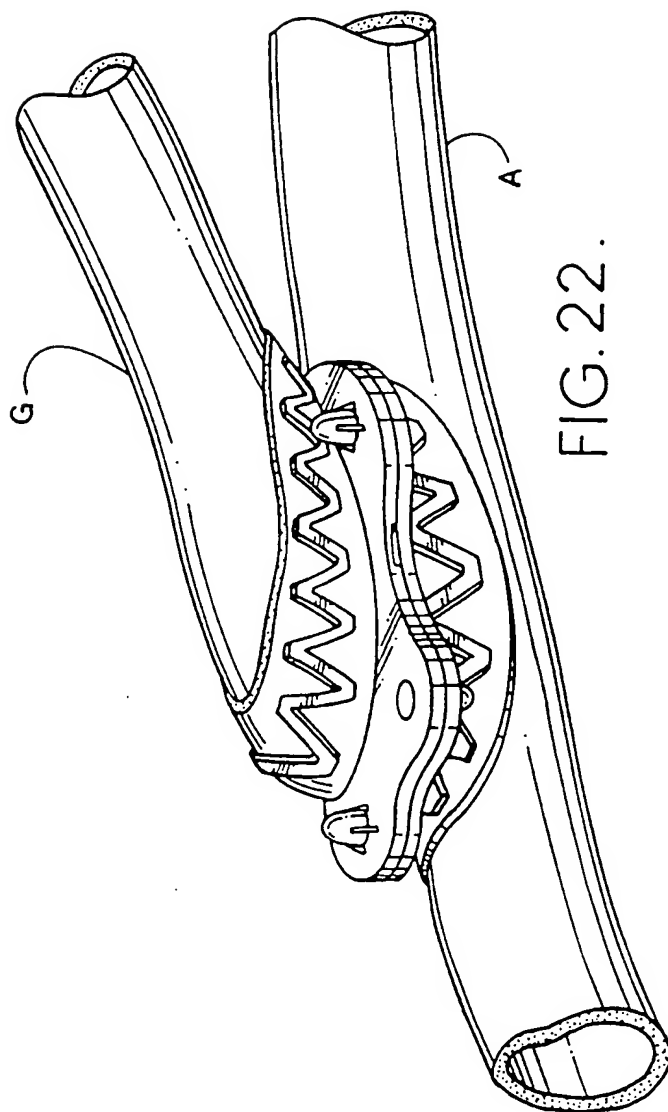


FIG. 22.

FIG. 23.

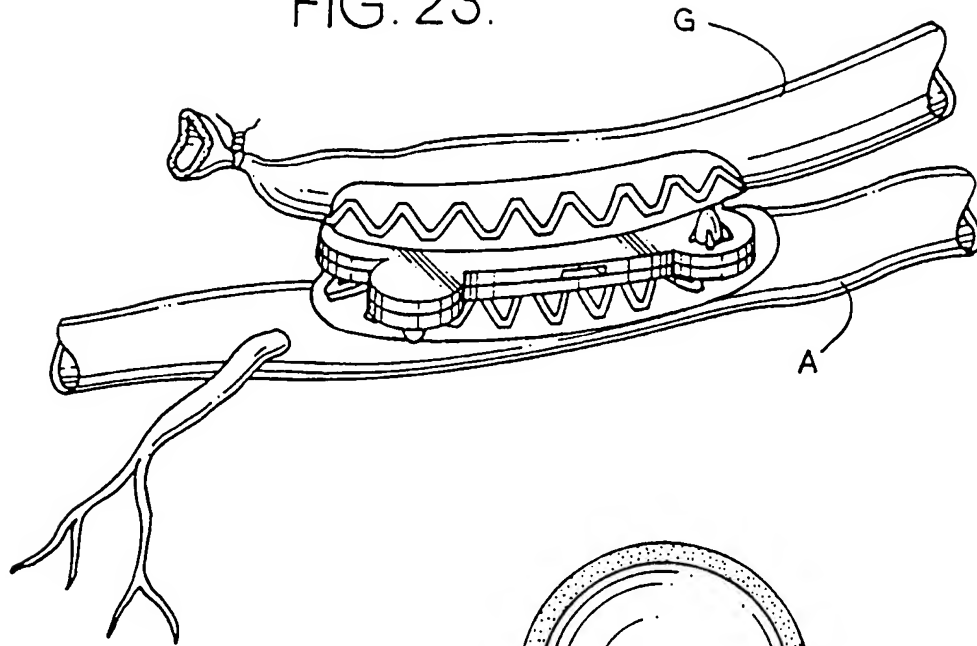
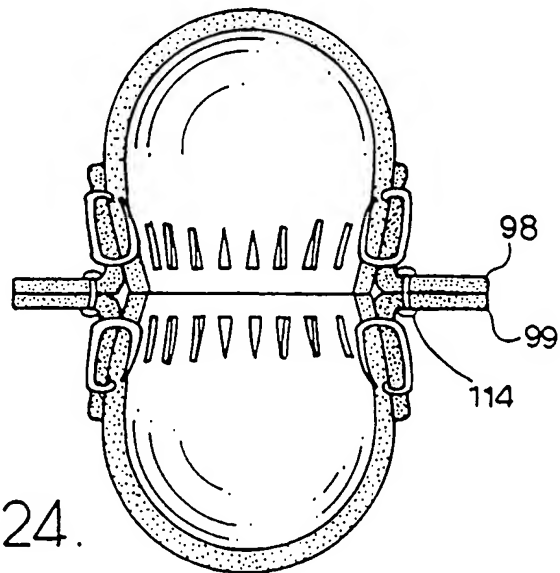
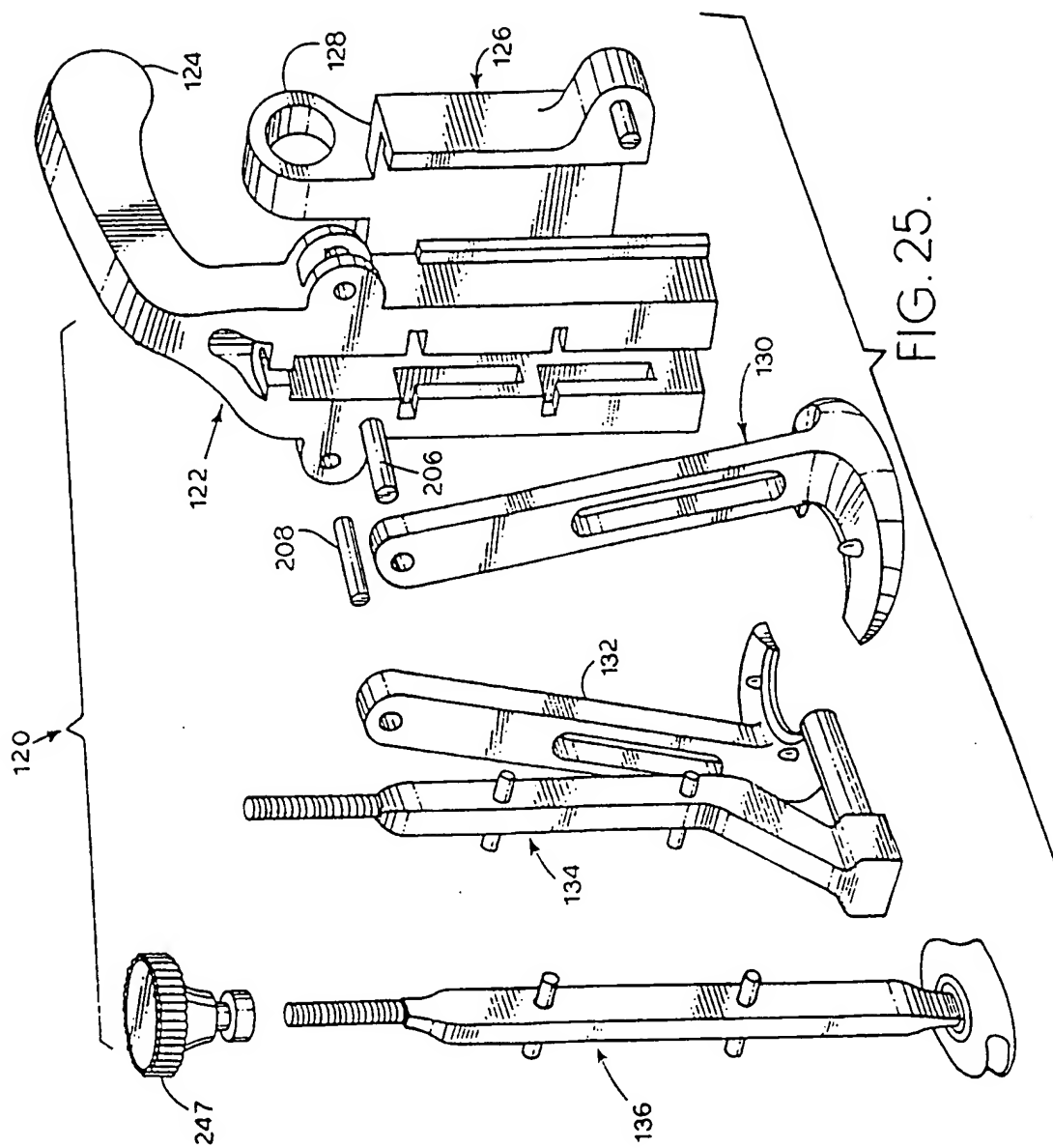


FIG. 24.





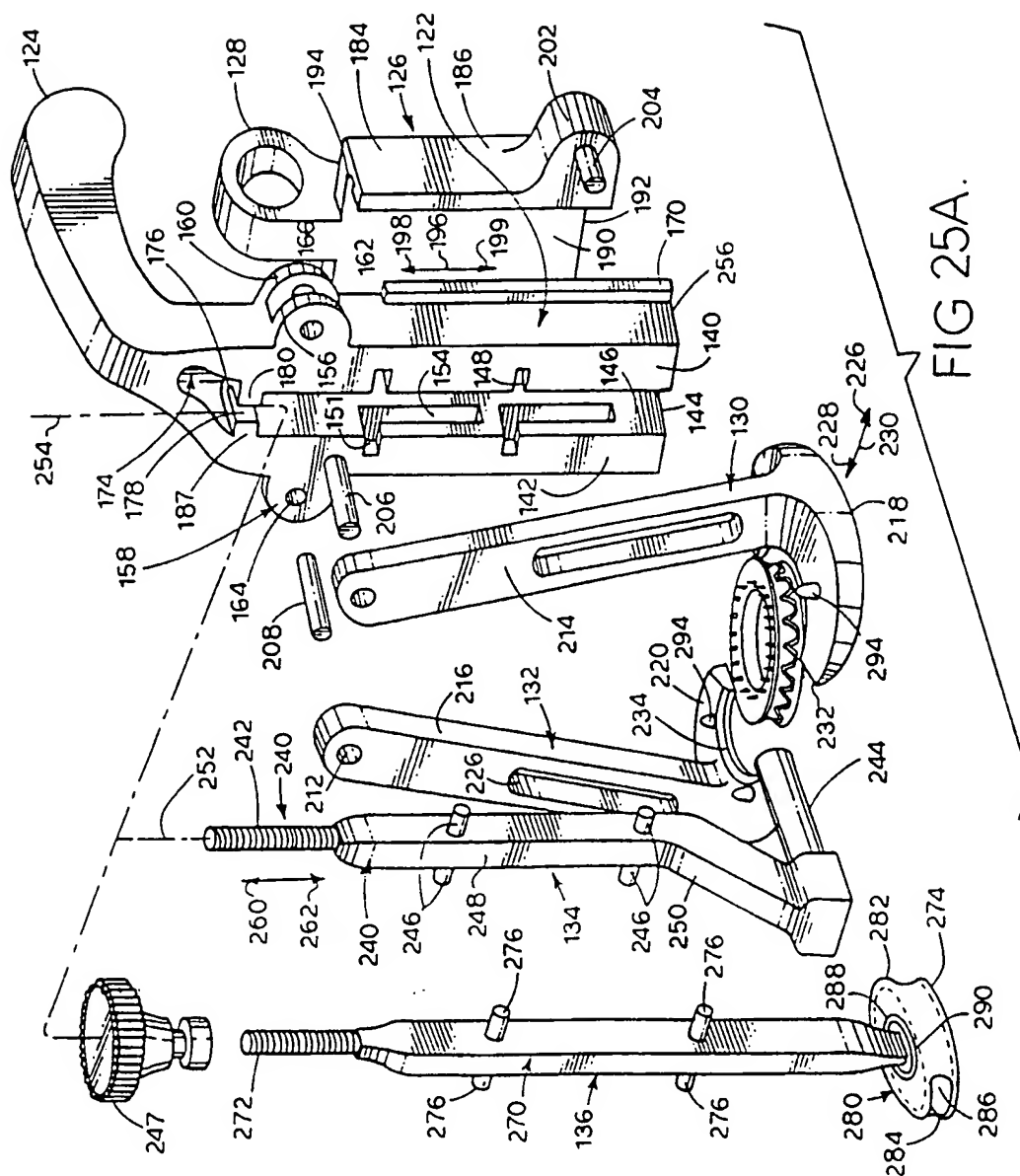
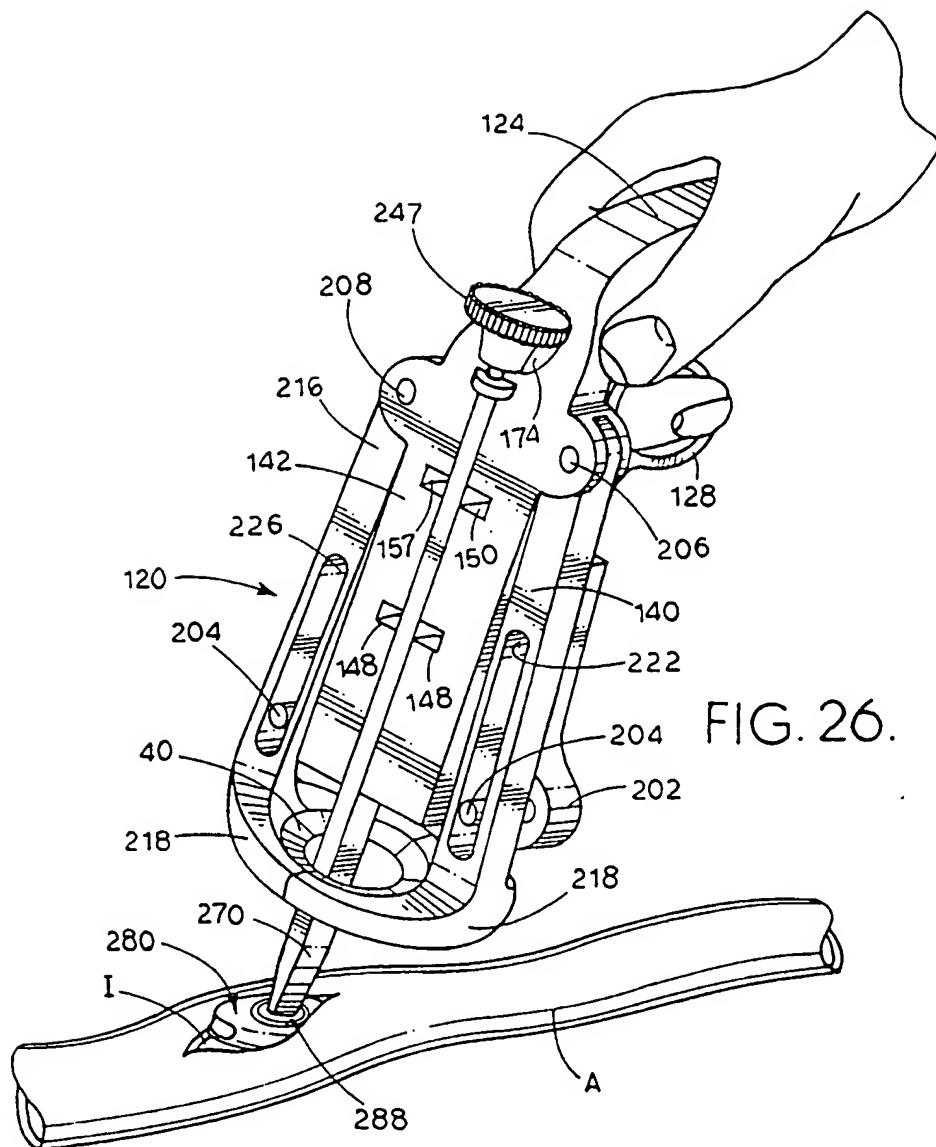


FIG 25A.



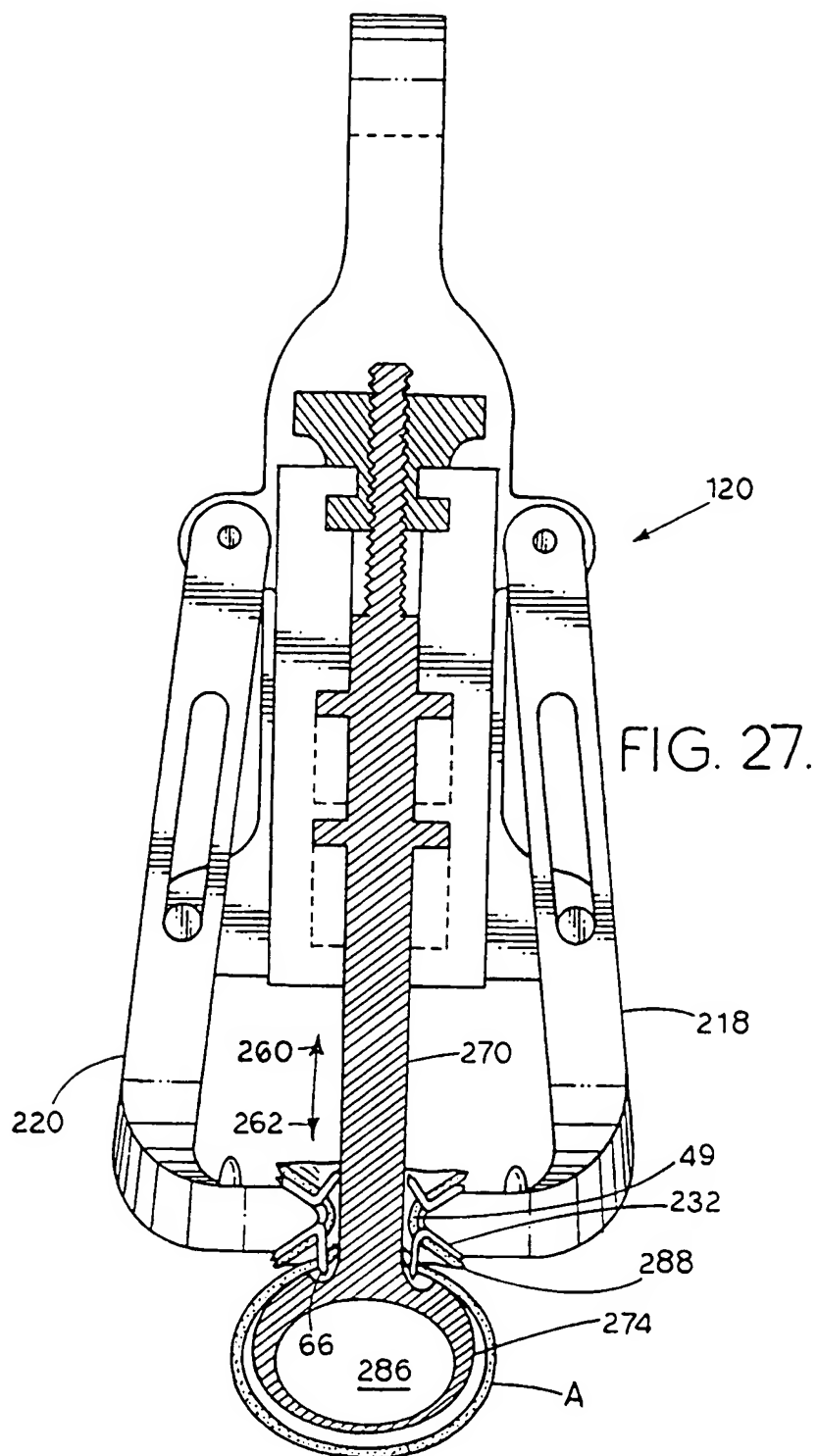
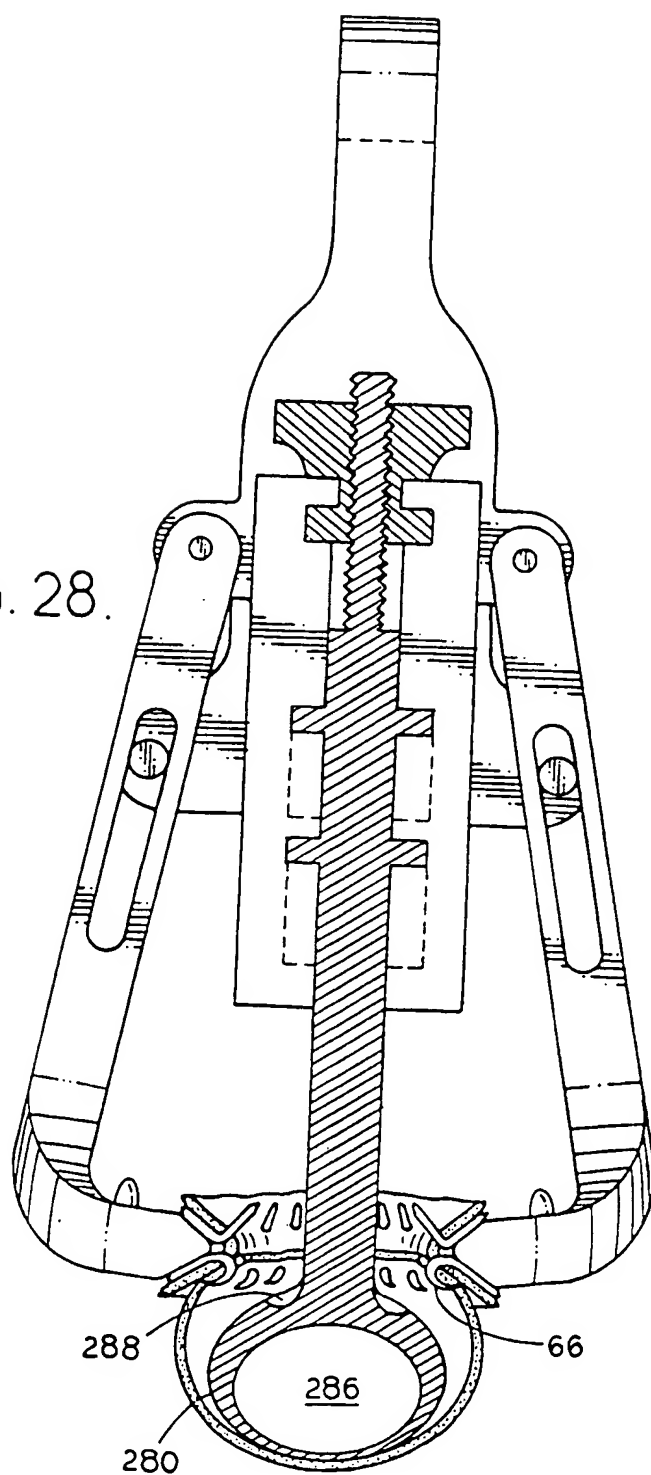
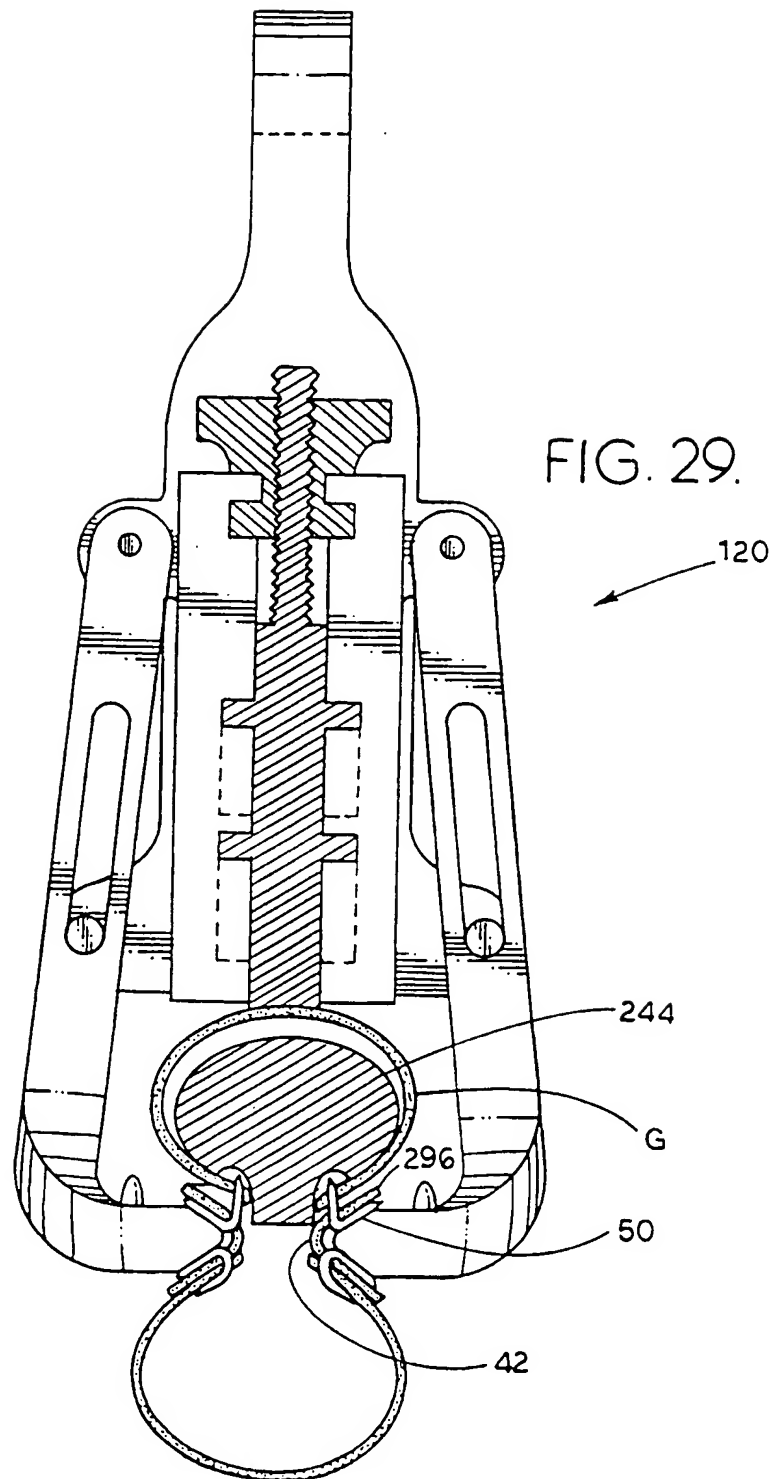


FIG. 28.





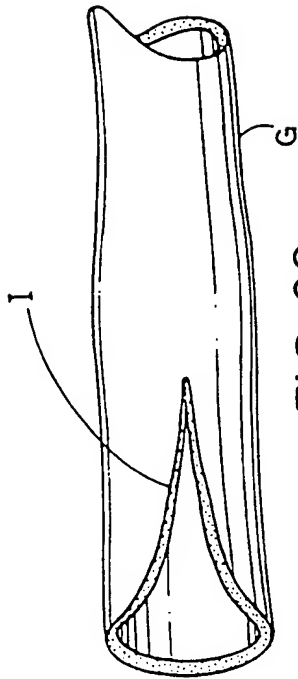


FIG. 30.

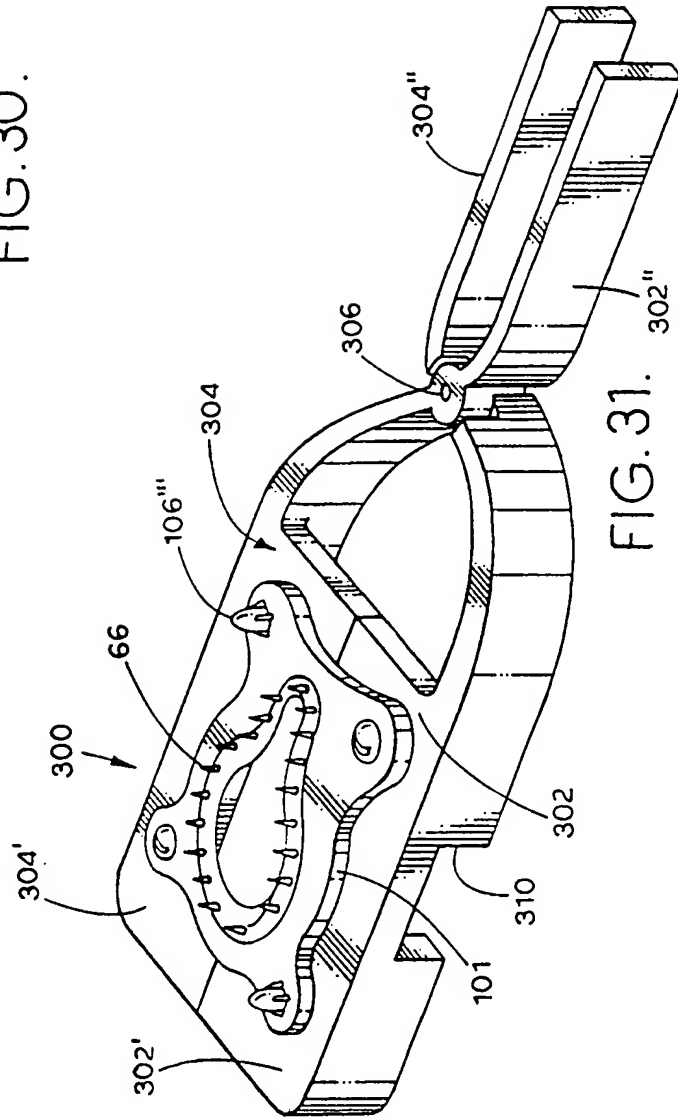
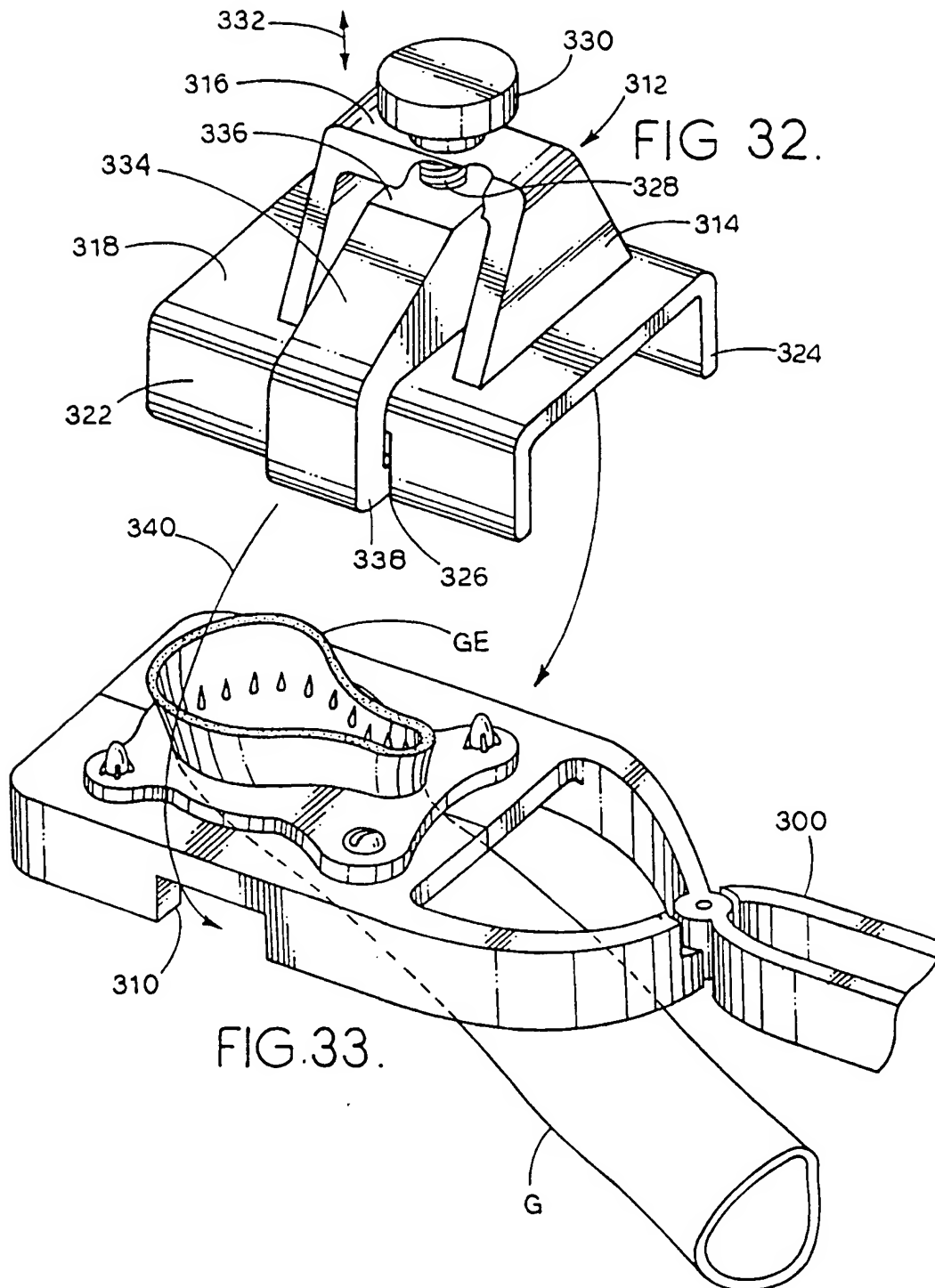


FIG. 31.



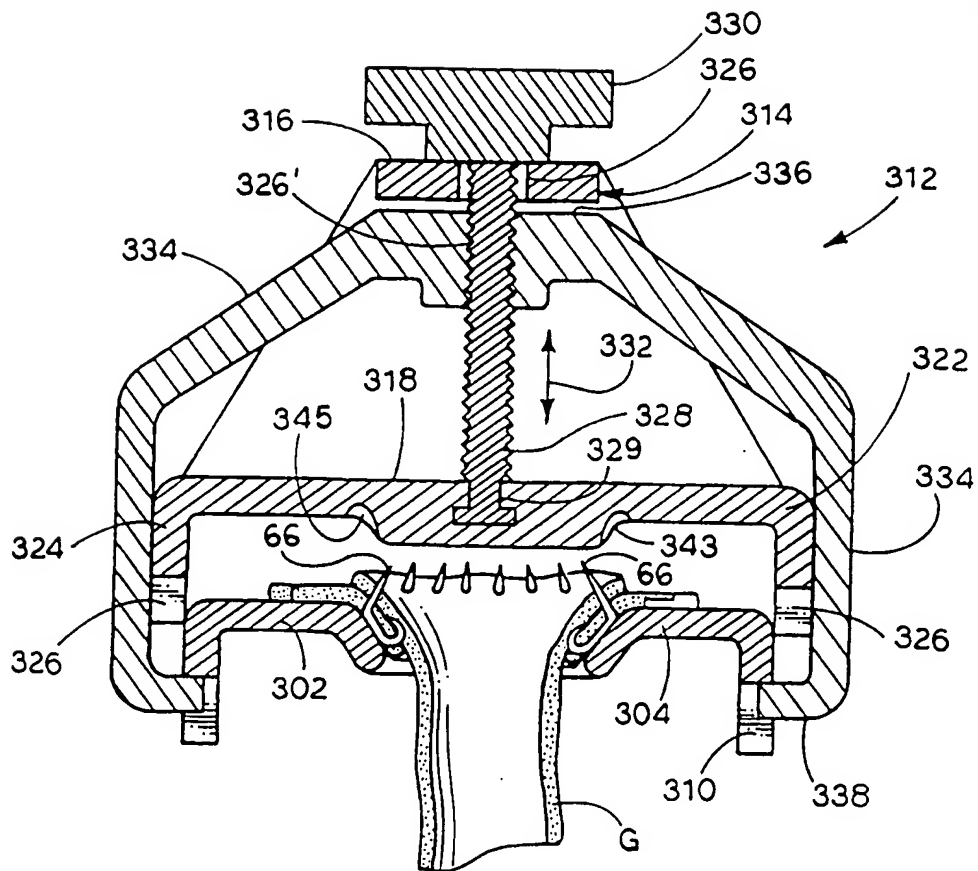


FIG. 34.

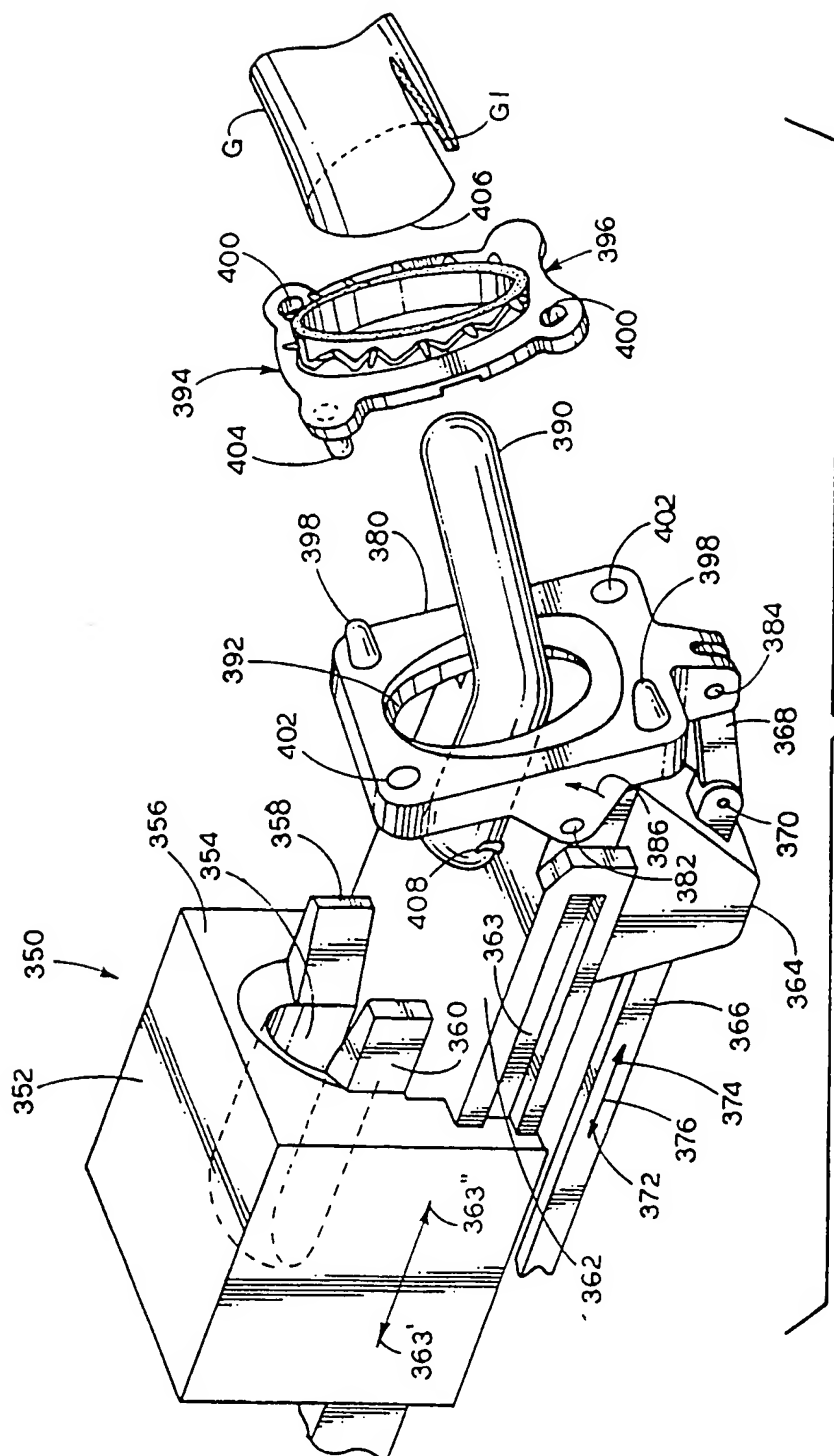
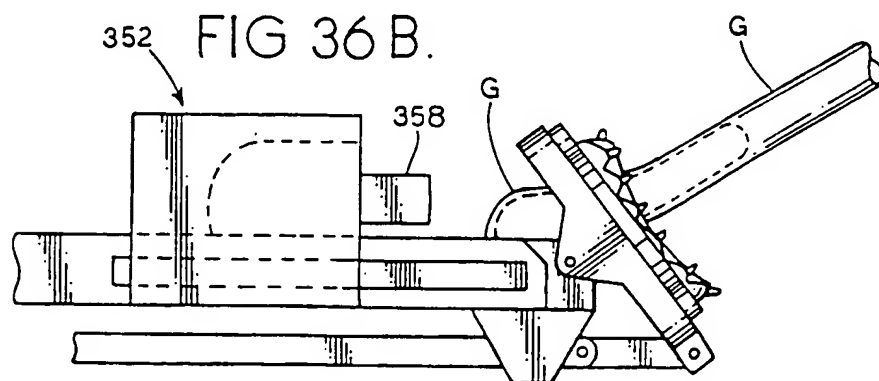
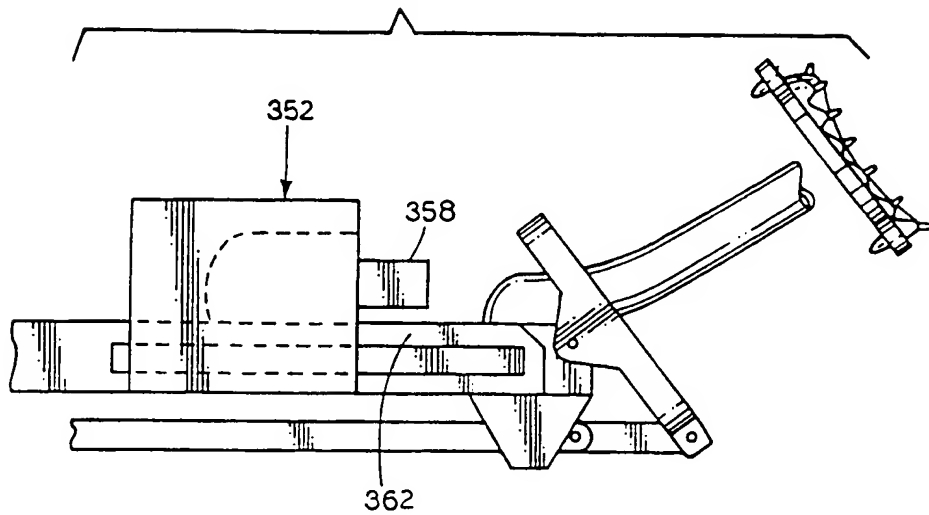
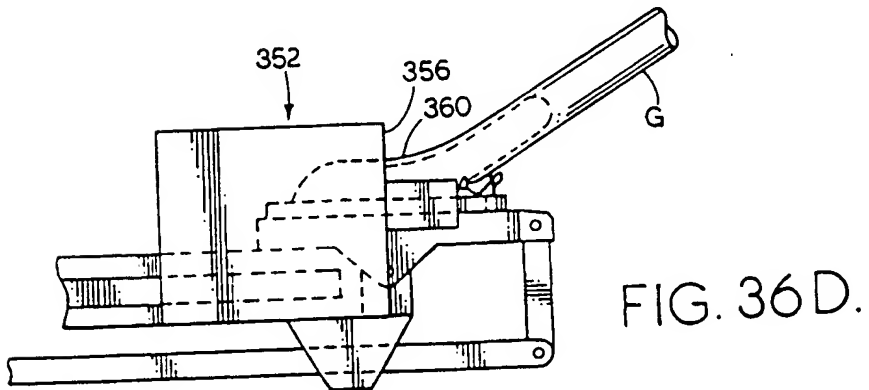
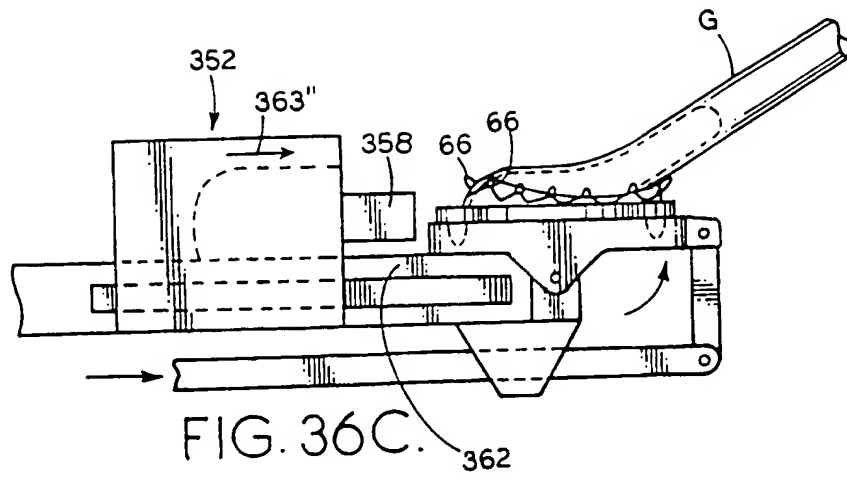
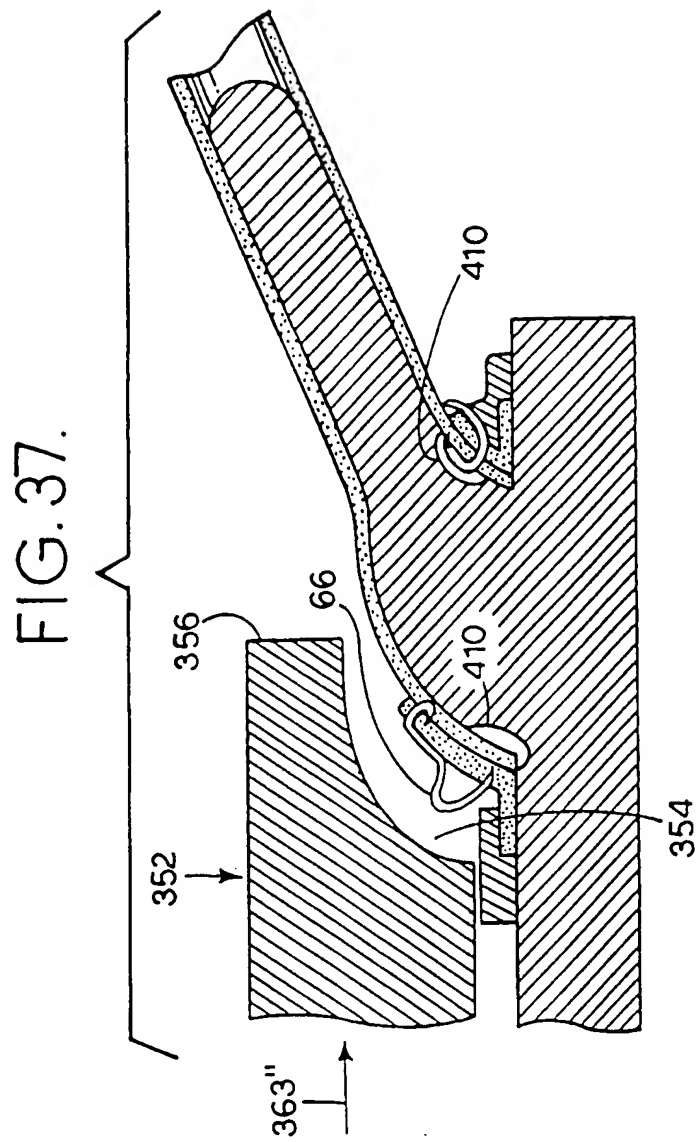


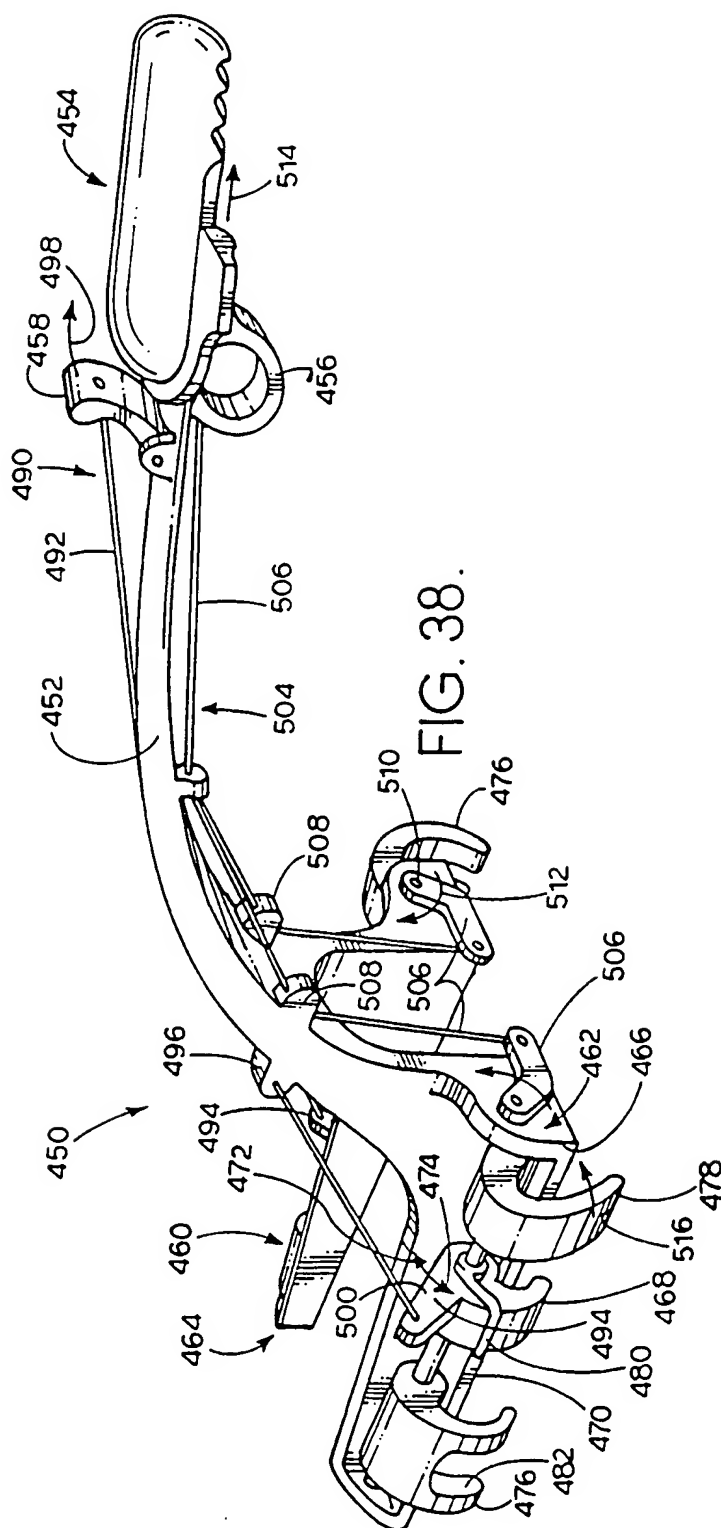
FIG. 35.

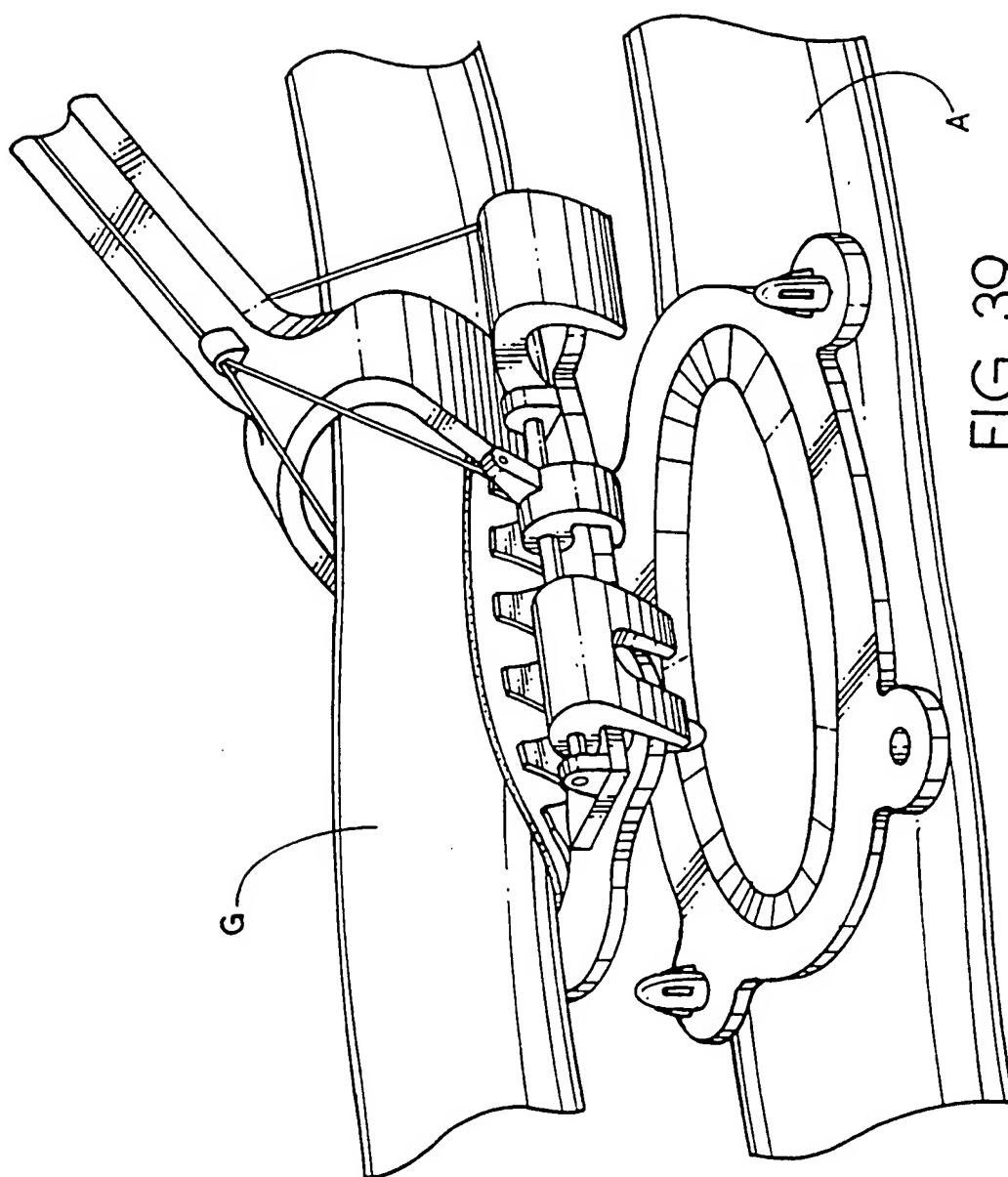
FIG. 36 A.











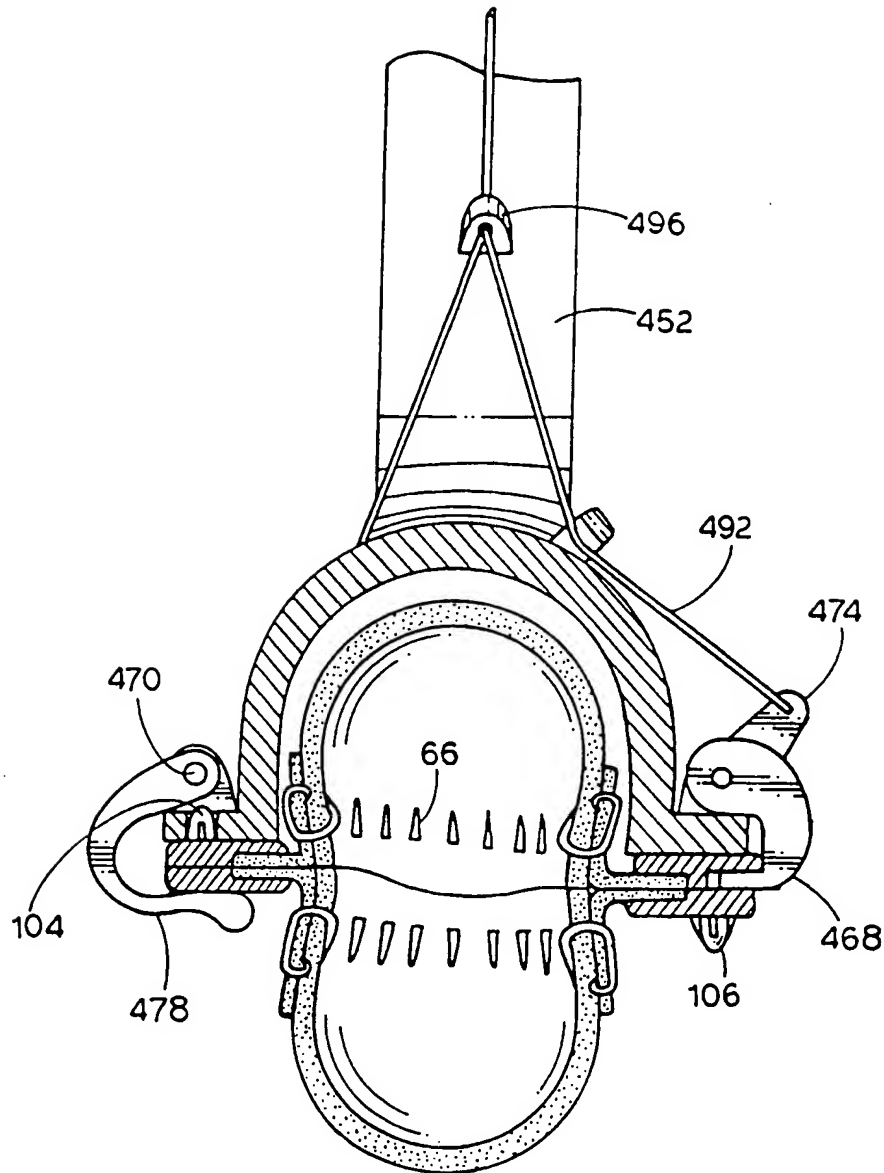


FIG. 40.

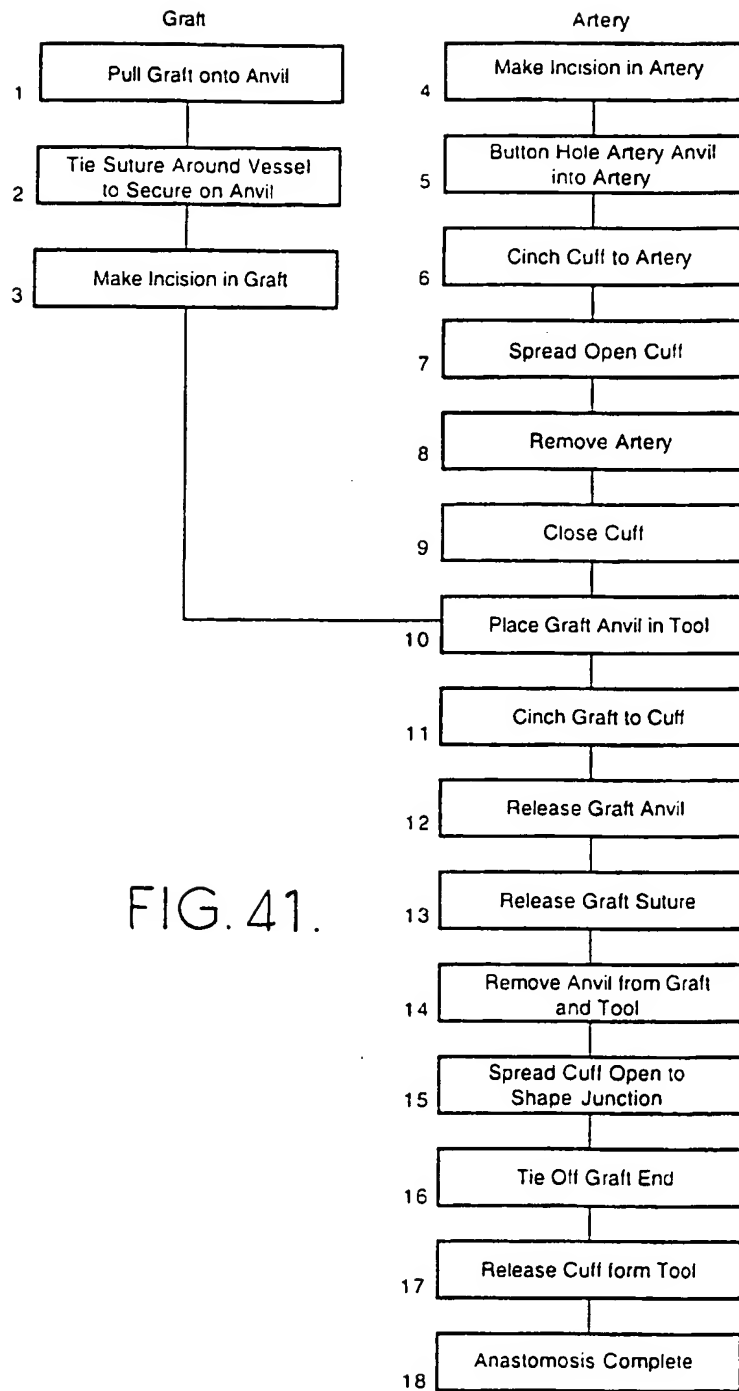


FIG. 41.

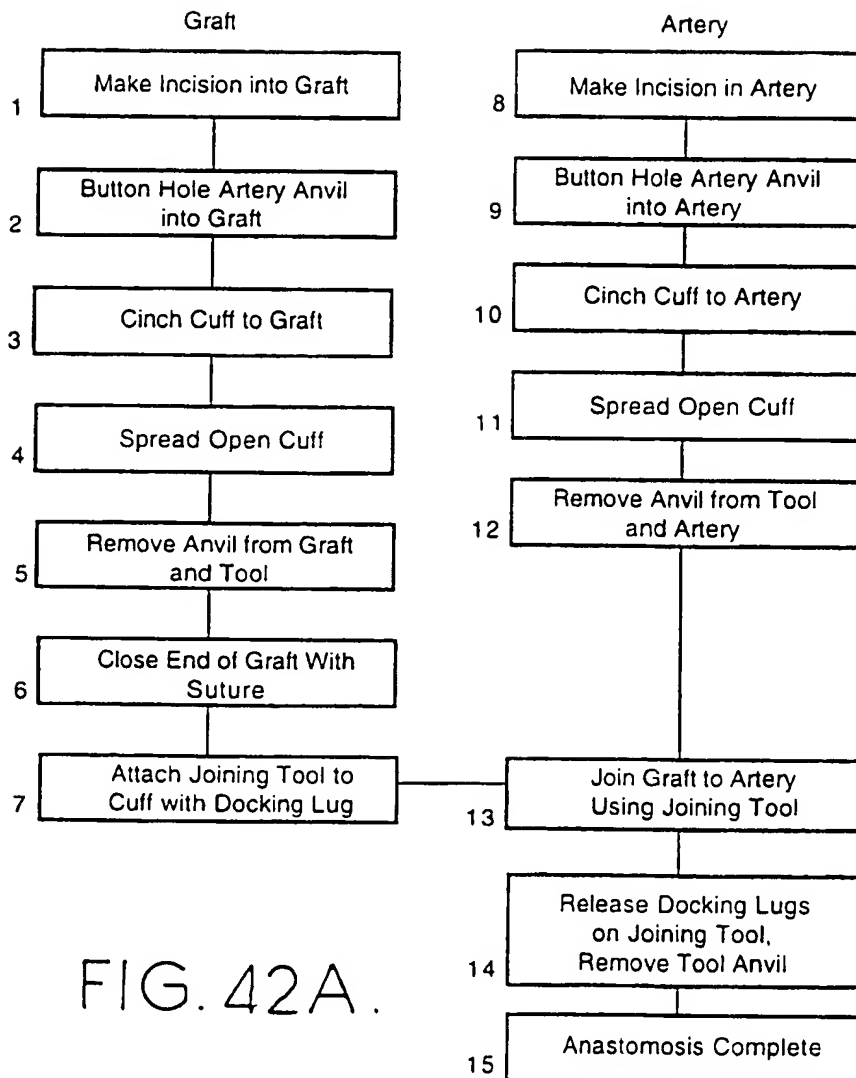


FIG. 42A.

FIG. 42B.

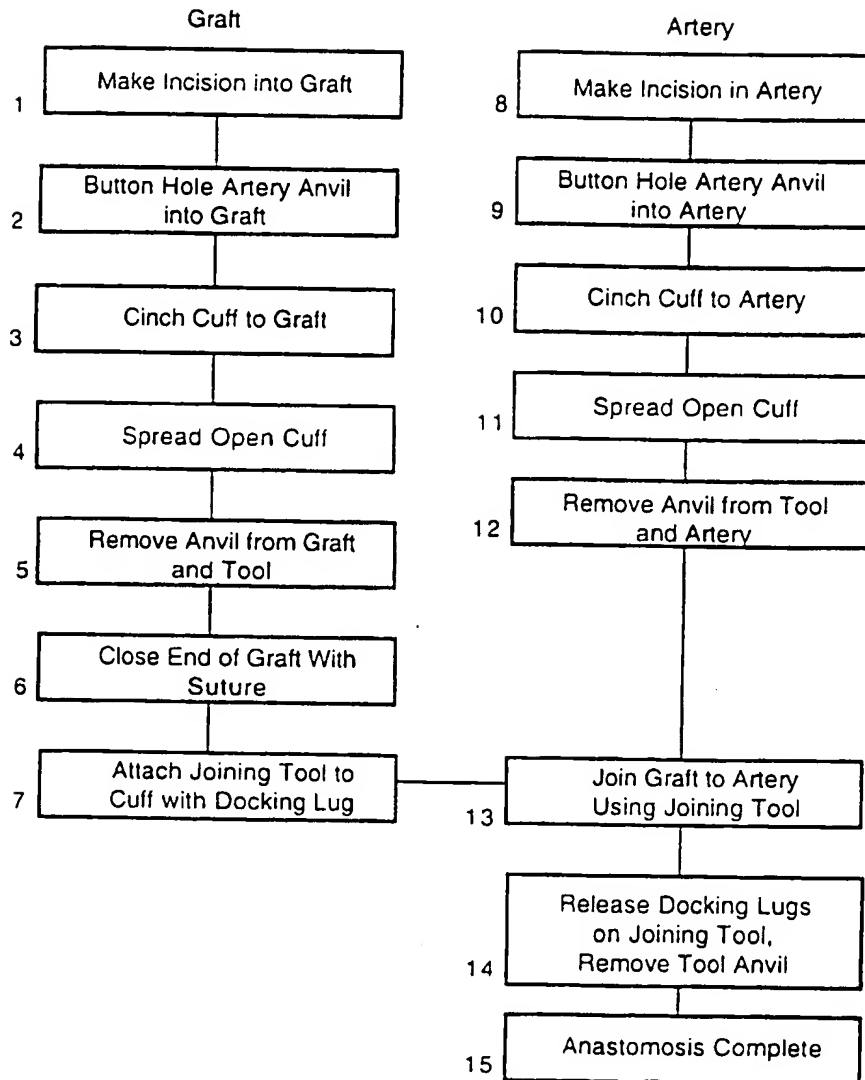


FIG. 43.

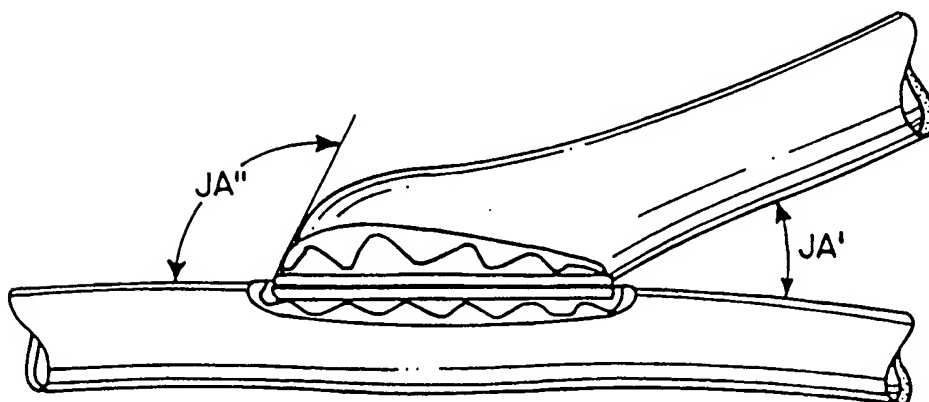
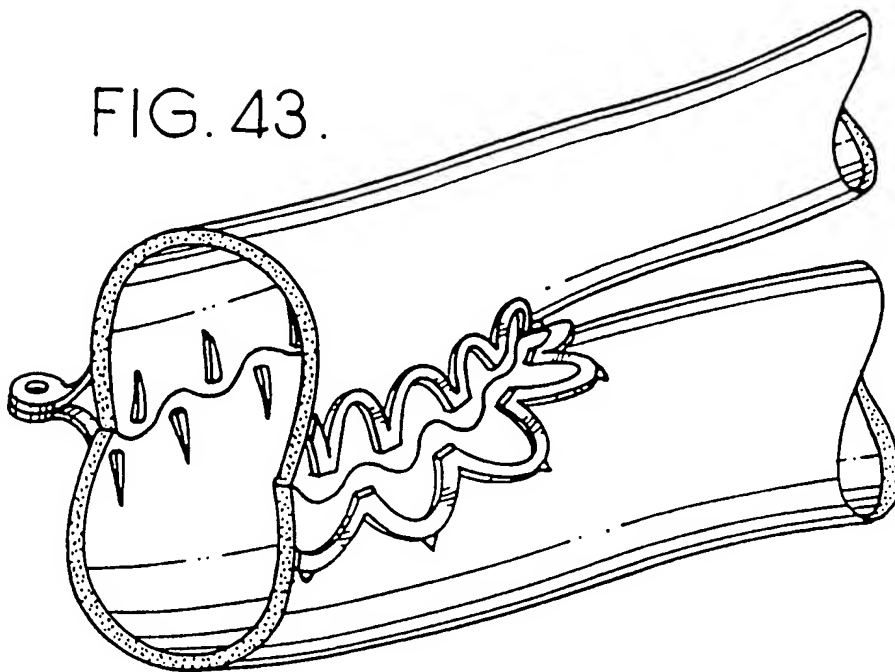


FIG. 44.

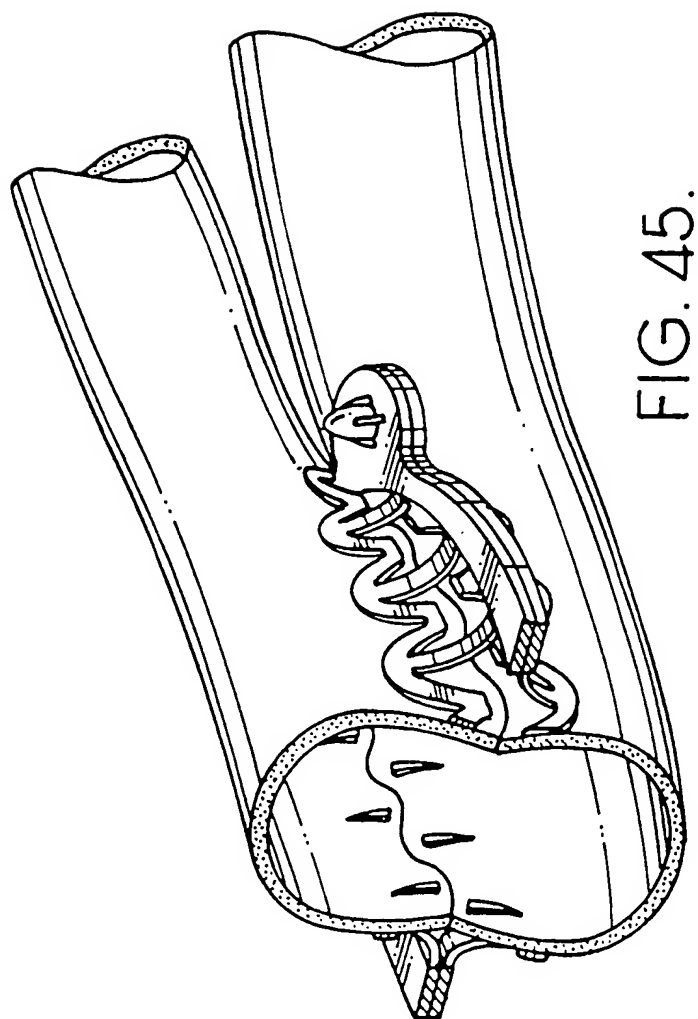
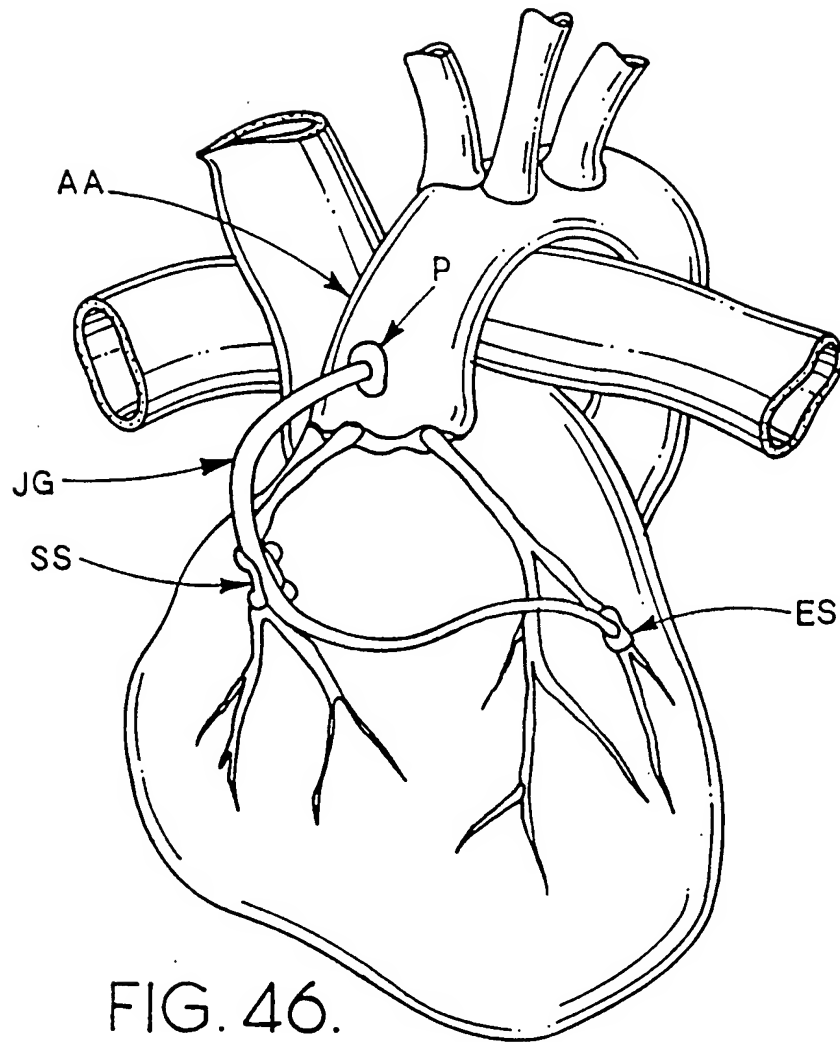


FIG. 45.



INTERNATIONAL SEARCH REPORT

International Application No.

PCT/US 98/25874

A. CLASSIFICATION OF SUBJECT MATTER

IPC 7 A61B17/11 A61B17/115

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 7 A61B A61F

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X A	US 5 752 966 A (CHANG) 19 May 1998 (1998-05-19) column 8; figures 9-11	51 1,2,12, 35,56,70
X A	US 3 973 570 A (RAZGULOV) 10 August 1976 (1976-08-10) figures 1,2,8,9	20 35
X A	US 5 234 447 A (KASTER) 10 August 1993 (1993-08-10) figures 1,10	20 2,35,70
X	DE 15 66 136 A (PFAU-WINFRIED) 12 February 1970 (1970-02-12) figures 7,8	20
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Further documents are listed in the continuation of box C.



Patent family members are listed in annex

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"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

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Date of the actual completion of the international search

8 December 1999

Date of mailing of the international search report

28 12 1999

Name and mailing address of the ISA

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Fax: (+31-70) 340-3016

Authorized officer

Barton, S

INTERNATIONAL SEARCH REPORT

International Application No

PCT/US 98/25874

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No
A	US 4 930 502 A (CHEN) 5 June 1990 (1990-06-05) figures 4,6,7 ---	1,2,56, 70
A	WO 98 19630 A (VASCULAR SCIENCE) 14 May 1998 (1998-05-14) page 15, last paragraph -page 16, paragraph 1 ---	1,56
A	WO 98 02099 A (HEARTPORT) 22 January 1998 (1998-01-22) figures 7,26 ---	1,2,56, 70
A	US 4 747 407 A (LIU) 31 May 1988 (1988-05-31) abstract; figures 1,2 ---	1,56
A	US 4 214 587 A (SAKURA) 29 July 1980 (1980-07-29) figures 3,6,7 ---	56
A	EP 0 303 767 A (WALSH) 22 February 1989 (1989-02-22) figure 23 ---	2,70
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A	US 4-930 674 A (BARAK) 5 June 1990 (1990-06-05) column 7, paragraph 5 ---	20,51
A	US 3 974 835 A (HARDY) 17 August 1976 (1976-08-17) ---	
A	US 5 741 274 A (LENKER) 21 April 1998 (1998-04-21) ---	
A	US 5 188 638 A (TSAKIS) 23 February 1993 (1993-02-23) -----	

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US 98/25874

Box I Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☒ Claims Nos.: 34, 36-38, 40-50, 68
because they relate to subject matter not required to be searched by this Authority, namely:
Rule 39.1(iv) PCT - Method for treatment of the human or animal body by surgery
2. ☐ Claims Nos.:
because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
3. ☐ Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

see additional sheet

1. ☒ As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2. ☐ As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3. ☐ As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

☐ The additional search fees were accompanied by the applicant's protest.

☒ No protest accompanied the payment of additional search fees.

FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

This International Searching Authority found multiple (groups of) inventions in this international application, as follows:

1. Claims: 1,3-10,14-16,18,29-31,56-59,73

Anastomosis device with means for defining shape of the junction lumen

2. Claims: 2,11,17,19,32,33,39,52,60-65,70-72,74

Anastomosis device with stiffening framework for bringing the incised surfaces together in a controlled manner

3. Claims: 12,13

Anastomosis device for side to side anastomosis

4. Claims: 20-28

Anastomosis device applier

5. Claims: 35,51,53-55,66,67,69

Anastomotic stent for exovascular use, and applier

INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No

PCT/US 98/25874

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Information on patent family members

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